

WEBVTT

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00:00:00.000 --> 00:00:01.370

Alice Mutebi Kayongo: Photo is never full.

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00:00:01.870 --> 00:00:16.730

Alice Mutebi Kayongo: There is definitely room to add more to what the conversation is about. How does it play in different arenas. And most importantly, the how? How do we move on from where we are right now?

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00:00:17.210 --> 00:00:32.410

Alice Mutebi Kayongo: So this morning we have a panel of 4 brilliant ladies whom I have been privileged to work with in the past couple of years since. We were all together

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00:00:32.409 --> 00:00:59.479

Alice Mutebi Kayongo: at the Harvard lead a fellowship as alumni fellows, we do have pretty John, who's working at the University College of London. We have Beatrice Malawesi, who's working with mothers to mothers in Malawi. We also have Marilyn Klassen's, Who's working with the University of Namibia, and finally a Parliamentarian Julieta Kabetuna, Who's Who's with the Parliament of Namibia.

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00:00:59.970 --> 00:01:16.260

Alice Mutebi Kayongo: So, friends, please fasten your seatbelts. Let's listen here, and be able to pick a few pieces here and there from the conversation that these 4 excellent ladies are going to share with us

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00:01:16.260 --> 00:01:37.910

Alice Mutebi Kayongo: without any further ado. I want to code upon pretty pretty. Who is going to kick us off with the the decolonization conversation in public health management, basically the academic perspective of designing curriculum, and so much more from the academia. Pretty. Please take it on.

7

00:01:39.830 --> 00:01:41.260

Preethi John: Thank you, Alice.

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00:01:41.699 --> 00:01:44.790

Preethi John: Just give me a moment while I share my screen.

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00:02:08.650 --> 00:02:09.699

Preethi John: Right.

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00:02:10.139 --> 00:02:13.270

Preethi John: thank you so much, Alice, and to take the

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00:02:13.990 --> 00:02:20.149

Preethi John: the important introduction that Alice kind of laid out, which Jim also alluded to.

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00:02:20.320 --> 00:02:27.750

Preethi John: This is certainly not the very first time that we have come together to discuss about this important topic.

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00:02:27.910 --> 00:02:29.630

Preethi John: And yet.

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00:02:29.770 --> 00:02:33.009

Preethi John: if we think about this particular topic.

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00:02:33.020 --> 00:02:46.329

Preethi John: we need to have so many different perspectives about this. And so I'm kick, starting with just one perspective, which is from the academic front. So

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00:02:46.480 --> 00:02:48.070

Preethi John: moving on.

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00:02:48.993 --> 00:03:18.490

Preethi John: I've been looking at the questions that has come flowing in, and I've just listed a few out here which I'm hoping to answer this and several other questions along this, which is looking at what is you know the conversation around decolonizing global health. And as the title of this webinar also is, it's not so much about explaining, but rather getting into action. So

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00:03:18.490 --> 00:03:29.140

Preethi John: it's talking about what is currently happening. And from an academic perspective. What needs to happen is what my focus is going to be on

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00:03:29.980 --> 00:03:30.800

Preethi John: soup.

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00:03:30.920 --> 00:03:47.500

Preethi John: I'm gonna look at decolonization, whether it's from public health or global health or from the area of healthcare management, which

is the area that I work in and trying to make sense of what conversations happen in this area

21

00:03:47.760 --> 00:04:04.359

Preethi John: in India, which is the country I come from, but also in Uk, where I am currently working. So I'm gonna look at, you know, some of what is happening now, and some thoughts about where is the direction that this needs to move to?

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00:04:04.400 --> 00:04:08.300

Preethi John: And finally concluding with a call to action.

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00:04:09.120 --> 00:04:30.980

Preethi John: But before I get into that, I also would like to take a few moments to get your perspective on your thoughts. So if you could kindly either go to the code which is listed above, or scan this QR code? You should be able to answer this question, could you give it a try, please?

24

00:04:40.970 --> 00:04:50.739

Preethi John: So at this current question is, where have you? What is that single source you feel you learned about decolonization.

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00:05:06.580 --> 00:05:11.519

Preethi John: So I'm just going to give it a minute and then move on. I have a

26

00:05:11.580 --> 00:05:18.339

Preethi John: couple of questions so we could just look at it. And then I'd like to continue with my topic.

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00:05:47.910 --> 00:06:06.380

Preethi John: Alright. So I've got one more question. I'm gonna shift to that. If some of you are still answering this. Please go ahead. It's interesting that the other, and I'm curious. What is the other? So perhaps that could be written in chat as well. What do you mean by other?  
I

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00:06:06.892 --> 00:06:17.760

Preethi John: was thinking that it might be articles or university education when I had applied the same thing a few months back with another cohort.

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00:06:17.790 --> 00:06:23.519

Preethi John: So this is interesting to see that there is other ways that we are learning about this topic.

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00:06:24.560 --> 00:06:33.948

Preethi John: Alright. So what are 3 terms that comes to your mind when you hear about decolonization. If you could again scan the code or

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00:06:34.730 --> 00:06:38.060

Preethi John: enter the code on the top, and then just

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00:06:38.120 --> 00:06:43.000

Preethi John: 3 terms that come to the top of your mind when you hear about decolonization.

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00:07:21.830 --> 00:07:47.210

Preethi John: Well, I think this is really interesting, because, as you can see, the you know the the terms like equity, power, change, respect, which come in a bigger font. It means that majority of you have probably written that particular term, and hence it kind of comes out. But there is a whole set of other words as well. Which kind of

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00:07:47.756 --> 00:07:48.730

Preethi John: when we

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00:07:48.800 --> 00:07:56.260

Preethi John: think about what is this concept, and what is the key terms that we are discussing about?

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00:07:56.430 --> 00:08:01.350

Preethi John: It's precisely this. What we see in this word cloud

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00:08:02.480 --> 00:08:12.439

Preethi John: decolonization, or any action towards it is to advance. And in this particular case we are talking about health equity.

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00:08:12.580 --> 00:08:18.659

Preethi John: It is also about changing the power dynamics.

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00:08:18.740 --> 00:08:25.290

Preethi John: and you know I will speak about this later. Actually, it's one of the points I had in my call to action

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00:08:25.320 --> 00:08:30.099

Preethi John: that when we are talking about decolonization.

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00:08:30.130 --> 00:08:32.760

Preethi John: we're not just talking about

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00:08:33.150 --> 00:08:40.800

Preethi John: some changes, but we are seeing whether that change is really changing

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00:08:40.909 --> 00:08:43.040

Preethi John: the equation of power.

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00:08:43.130 --> 00:08:46.379

Preethi John: With, therefore, the ability to influence

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00:08:46.470 --> 00:08:53.160

Preethi John: the ability to be represented around the decision-making table.

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00:08:53.410 --> 00:08:57.180

Preethi John: and therefore advance or accelerate equity.

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00:08:57.920 --> 00:09:00.730

Preethi John: But it's also about justice

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00:09:01.040 --> 00:09:02.370

Preethi John: respect.

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00:09:02.640 --> 00:09:05.310

Preethi John: It's also about

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00:09:06.990 --> 00:09:20.489

Preethi John: Yeah. You know the the term I see this term reparation, and that's another term. When we read articles about decolonization it, we hear a lot of this particular term. So

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00:09:20.570 --> 00:09:25.420

Preethi John: I'm not reading out every single term out here. But I think

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00:09:25.430 --> 00:09:36.279

Preethi John: you, as the audience is already spot on about the different dimensions of this discussion on this topic.

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00:09:38.120 --> 00:09:43.309

Preethi John: and I want you to. Now think about one last point, which is.

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00:09:43.390 --> 00:09:49.660

Preethi John: you know, this wonderful seminar, and thank you so much for organizing this.

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00:09:49.800 --> 00:09:56.570

Preethi John: It's I was actually very what do you say? Intrigued by the title itself?

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00:09:56.810 --> 00:10:01.100

Preethi John: Because it's it ends with a call to action.

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00:10:01.220 --> 00:10:03.360

Preethi John: So it's, you know, if

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00:10:03.610 --> 00:10:14.949

Preethi John: we are already listening and learning about decolonization. We're kind of seeing the different perspectives of what is decolonization.

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00:10:15.050 --> 00:10:18.539

Preethi John: Then it's also important to think about.

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00:10:18.740 --> 00:10:23.580

Preethi John: What is it we are seeing, perhaps in our local area.

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00:10:23.870 --> 00:10:24.820

Preethi John: as

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00:10:25.200 --> 00:10:27.170

Preethi John: perhaps it's a best practice.

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00:10:27.180 --> 00:10:30.770

Preethi John: Perhaps it's a call to action that you want to make

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00:10:30.800 --> 00:10:34.219

Preethi John: to the rest of us here. So

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00:10:34.240 --> 00:10:51.450

Preethi John: the the final question is, what is your call to action before I just share my part from the academic perspective. So what do you think in this broad realm of decolonization. And we are talking about this change.

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00:10:51.560 --> 00:11:02.130

Preethi John: What do you think needs to happen? What is that one priority or key area that you think needs to change. What is your thought?

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00:11:03.640 --> 00:11:06.219

Preethi John: How how do we bring about change?

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00:11:11.520 --> 00:11:17.009

Preethi John: So there is a set of values. So that's why we see words like respect.

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00:11:17.250 --> 00:11:18.450

Preethi John: equity.

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00:11:22.590 --> 00:11:34.219

Preethi John: You know who who, who is at the center of this discussion, or who is actually the center of making the change, are, are the key people

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00:11:35.930 --> 00:11:41.860

Preethi John: being the voice of bringing about this decolonization

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00:11:42.990 --> 00:11:53.980

Preethi John: funding commitment absolutely. And I think one of my colleagues will be talking about it when they go into a research. So this is something we will be going into

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00:11:54.170 --> 00:12:16.109

Preethi John: lawmakers. Yes, I think this is, you know, we just can't get away. We're going to talk about change. We're going to talk about power. We're certainly talk talking about politics, which means that we need also political change, political will power we also need in healthcare what kind of health policy changes needs to happen.

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00:12:16.570 --> 00:12:20.899

Preethi John: And of course, a whole lot of open and honest discussions.

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00:12:21.370 --> 00:12:32.059

Preethi John: Alright. So I'm just showing one important article among several which are out there. But I kind of am showing this because

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00:12:32.540 --> 00:12:38.630

Preethi John: my framework of this particular discussion is around the academic.

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00:12:39.250 --> 00:12:44.360

Preethi John: So decolonization. And what is happening at the university?

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00:12:45.480 --> 00:12:56.139

Preethi John: This particular author, who is you know, writing it from the perspective of being in a UK. University. But kind of scans the environment

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00:12:56.450 --> 00:12:57.600

Preethi John: and kind of

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00:12:57.620 --> 00:13:00.930

Preethi John: talks about, what is this

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00:13:01.400 --> 00:13:09.240

Preethi John: decolonization? What are we trying to do? And how should this discussion be?

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00:13:09.550 --> 00:13:14.530

Preethi John: Is it only about talking about something that has happened in the past?

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00:13:14.830 --> 00:13:20.840

Preethi John: How do we talk about this in terms of moving towards the future.

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00:13:21.130 --> 00:13:30.980

Preethi John: And some of these points are very, very interesting, and I've used this in this particular presentation that I have made.

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00:13:31.840 --> 00:13:35.390

Preethi John: So I kind of look at decolonization.

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00:13:35.400 --> 00:13:37.739

Preethi John: kind of perhaps on a spectrum



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00:13:37.880 --> 00:13:47.989

Preethi John: from at 1 4 point a colonization which occurred, and therefore this whole debate about the need for decolonization.

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00:13:48.040 --> 00:14:03.819

Preethi John: But there is also this terminology that I see coming up, which is about recolonization, which is, you know, new forms of colonization. So how does this decolonization address? Not just

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00:14:04.160 --> 00:14:12.929

Preethi John: perspectives or structures or inequities that got created in the past, but perhaps are getting created now.

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00:14:13.750 --> 00:14:37.450

Preethi John: even in the realm of academic environment, and therefore recolonization is happening, so that decolonization is not just addressing the colonization which is in the past, but it is equally important to acknowledge newer shapes which is happening in the present, and therefore the decolonization for the future.

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00:14:37.700 --> 00:14:48.790

Preethi John: So when we look at the terminologies that that are in this week, we can see about indigenous localization. We also see the kind of

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00:14:49.040 --> 00:14:52.380

Preethi John: color or the perspective that the word, like

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00:14:52.400 --> 00:14:56.559

Preethi John: tribal, native, indigenous, has.

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00:14:57.540 --> 00:15:04.569

Preethi John: What does local mean? So I think all of this, and how it's defined, how it's portrayed

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00:15:04.940 --> 00:15:08.999

Preethi John: matters in this debate about decolonization.

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00:15:09.810 --> 00:15:11.940

Preethi John: So an academic perspective.

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00:15:12.500 --> 00:15:25.609

Preethi John: it's, you know, where are we learning about decolonization, is it there in our curriculum, medical curriculum, nursing, curriculum, healthcare management, the Allied health, you know, when we look at it.

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00:15:25.620 --> 00:15:31.689

Preethi John: is there any program? Is it just an elective? Is it a topic which is fitted in somewhere?

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00:15:32.020 --> 00:15:35.489

Preethi John: So so that's one area of research.

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00:15:35.550 --> 00:15:36.680

Preethi John: the other is

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00:15:37.270 --> 00:15:38.730

Preethi John: who's teaching about

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00:15:39.120 --> 00:15:40.740

Preethi John: decolonization?

103

00:15:41.400 --> 00:15:43.680

Preethi John: And who framed that curriculum?

104

00:15:44.020 --> 00:15:46.190

Preethi John: And who is this target audience.

105

00:15:46.270 --> 00:15:51.859

Preethi John: for example, I feel that far less conversations in India on this topic

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00:15:51.920 --> 00:15:54.229

Preethi John: than in other places.

107

00:15:54.890 --> 00:15:59.909

Preethi John: So is there more conversations on this topic, let's say, in Europe

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00:16:00.060 --> 00:16:05.550

Preethi John: or UK. Or in the West, rather than, let's say, in Southeast Asia.

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00:16:06.540 --> 00:16:12.529

Preethi John: And again, when we come to whether it's learning methods or when we talk about assessment.

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00:16:12.540 --> 00:16:14.790

Preethi John: If an essay is written

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00:16:15.280 --> 00:16:28.380

Preethi John: and the perspective of, let's say, the tribal, the indigenous population is presented, what is the kind of perspective that is put forth, and what is considered right.

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00:16:28.400 --> 00:16:32.510

Preethi John: or what is considered as from literature?

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00:16:32.690 --> 00:16:35.740

Preethi John: How does that framework, take it forward.

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00:16:36.030 --> 00:16:38.459

Preethi John: So these are kind of important

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00:16:38.530 --> 00:16:46.149

Preethi John: thoughts that we need to bear in mind when we are talking about decolonization from an academic perspective.

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00:16:47.220 --> 00:16:48.030

Preethi John: And

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00:16:49.080 --> 00:16:51.439

Preethi John: this particular article.

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00:16:51.830 --> 00:17:21.110

Preethi John: It it had this very interesting perspective of that. When we are talking about decolonization, it's not just about studying, let's say, in Africa or in Southeast Asia or Latin America, or something. It is also about understanding where we are. What is the kind of inequities that happen. So it's not about going to, you know, a place where there is poverty or a lot more ill health to study that, but studying it in

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00:17:21.130 --> 00:17:22.859

Preethi John: in different countries

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00:17:23.660 --> 00:17:50.599

Preethi John: which, where our marginalized populations, and how do we show it as allyship rather than just looking at everything is fine in this country? The problem is there in that country. So when we are studying about decolonization, it's recognizing that every region is affected by it. And to think through what is the action required.

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00:17:51.470 --> 00:17:58.800

Preethi John: which kind of brings to my final thoughts on this, which is call to action, would be

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00:18:00.040 --> 00:18:02.559

Preethi John: in which curriculum

123

00:18:03.210 --> 00:18:19.350

Preethi John: can we incorporate this important topic? Because if there isn't awareness or sensitization at all levels, do we just include it at doctoral masters? Or should it be there in school curriculums as well?

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00:18:20.030 --> 00:18:29.979

Preethi John: And you know, a lot of times decolonization means it's translated to as a representation in certain.

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00:18:30.110 --> 00:18:34.939

Preethi John: perhaps things. For example, in academics is who is teaching.

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00:18:35.140 --> 00:18:44.700

Preethi John: We are not talking about the count. We are talking about the influence and power dynamics, whether that has shifted.

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00:18:44.850 --> 00:18:58.910

Preethi John: and so, who is designing the curriculum around decolonization? Who is teaching? Are all people getting in one sense taught or sensitized to this topic.

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00:18:59.150 --> 00:19:04.000

Preethi John: And we need training of trainers on this. How does that happen?

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00:19:04.030 --> 00:19:14.220

Preethi John: Is it just by doing research on this or it is lived experiences that enables part of this to be taught.

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00:19:14.330 --> 00:19:23.009

Preethi John: and we need a lot more partnership to be in place. For example, how does the media react when this call to action goes out?

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00:19:23.360 --> 00:19:25.170

Preethi John: Can we get

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00:19:25.700 --> 00:19:35.879

Preethi John: media as a partner to be sensitized so that they also are able to construct the dialogue in the way it should be.

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00:19:36.440 --> 00:19:52.379

Preethi John: And we look at stakeholders. We need to understand. The stakeholders are beyond the realm of academics. It is all the stakeholders that can make health equity a reality in this.

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00:19:52.530 --> 00:19:55.350

Preethi John: Strive for decolonization.

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00:19:56.210 --> 00:20:00.249

Preethi John: and with that I'm going to hand it back to Alice.

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00:20:00.420 --> 00:20:08.629

Preethi John: and we will perhaps continue the discussion through the questions through the chat, and at the end, thank you.

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00:20:10.380 --> 00:20:34.870

Alice Mutebi Kayongo: Thank you so much pretty for sharing this very, very good insights with us. You know the decolonization conversation from an academic point of view where you have been highlighting. You know, what does decolonization mean, or what is the conversation about? In public health management focusing on the academic perspective.

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00:20:34.870 --> 00:20:50.680

Alice Mutebi Kayongo: And for those who just joined us, Pretty has just spoken. She's our first panelist. Pretty is the associate director for global, the associate professor with the Global Business School for Health at the University College

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00:20:50.680 --> 00:20:51.940

Alice Mutebi Kayongo: in London.

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00:20:52.741 --> 00:21:07.569

Alice Mutebi Kayongo: pretty. I I once again thank you so much. And I just, you know, when you were sharing the you know some of these

insights. I listened in very, very attentively, and when you point out issues

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00:21:07.570 --> 00:21:35.320

Alice Mutebi Kayongo: to do with allies? What is it that we must be able to take forward from here? What does the colonization look like? And what do we need to do as a warriors in this conversation. When you talk about allies talking about the media, and how we can sensitize the media to be able to construct this conversation and put it out as much as possible. These are areas that I would definitely

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00:21:35.320 --> 00:21:46.240

Alice Mutebi Kayongo: would want many of us to take on. moving forward from this conversation, but also building or adding a break to the entire conversation.

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00:21:46.660 --> 00:22:12.780

Alice Mutebi Kayongo: pretty just one very quick question before I move on to our next panelist, Bridget. It's you know, in your view, with the issues that you have highlighted as the next course of action those that should be our next course of action. What then, do you feel? Should? You know the terrain look like once we say that we have now decolonized global publicate.

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00:22:17.270 --> 00:22:27.719

Preethi John: I think. You know, it's a it's a very interesting question, because I think what will happen if we address this properly is, the questions are going to change from

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00:22:28.330 --> 00:22:43.740

Preethi John: addressing just of what is in the past, but really recognizing the newer, subtle ways in which we need to address decolonization today. So what is those issues right now

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00:22:43.740 --> 00:23:02.329

Preethi John: happening? Which perhaps we are, you know, not on the top, but it is taking us away from iniquity. You know, there is AI technology coming in a big way, and it is looked at as a good way to counter or to facilitate decolonization. And yet at the same time we know

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00:23:02.330 --> 00:23:13.730

Preethi John: AI. Artificial intelligence in healthcare is not applied properly, then bias can be in one sense worsen. So

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00:23:13.730 --> 00:23:25.340

Preethi John: to my mind it is, you know, that's the direction. How does technology perhaps, you know, affect or shape this discussion on decolonization? Thank you.

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00:23:28.180 --> 00:23:43.876

Alice Mutebi Kayongo: Great, great. Thank you so much pretty, and I know that several of us do have questions. I will just pause here, for now those who have questions please feel free to share in the QA. box

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00:23:44.280 --> 00:24:14.079

Alice Mutebi Kayongo: as you know. Towards the end you'll also have an opportunity to ask your questions. Some questions have been coming in, and we will have an opportunity to respond to some of those. But not all of them there are so many, but nevertheless, the conversation you know, will be continuing. So next on my list of panelists is Dr. Bridget Malawesi, who is the country director of mothers to mothers in Malawi.

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00:24:14.080 --> 00:24:30.290

Alice Mutebi Kayongo: Bridget will be talking to us about how colonization is actually impacting the implementation of programs, and she's going to 0 in on you know, women's interventions. What does that look like? I'm so excited to hear more

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00:24:30.747 --> 00:24:37.580

Alice Mutebi Kayongo: about what Bridget is presenting, in addition to what pretty has already presented. So Bridget.

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00:24:37.610 --> 00:24:38.870

Alice Mutebi Kayongo: over to you.

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00:24:39.680 --> 00:24:43.300

bridget malewezi: Thanks, Alice, and good morning. Good afternoon, everyone.

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00:24:43.679 --> 00:24:46.640

bridget malewezi: Just give me a moment to share my screen as well.

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00:24:53.850 --> 00:24:56.610

bridget malewezi: Hope hope that you can see my screen

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00:24:57.810 --> 00:25:00.200

bridget malewezi: trying to get to the slides. Now.

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00:25:00.200 --> 00:25:02.020

Alice Mutebi Kayongo: Yes, you can see it.

159

00:25:02.300 --> 00:25:02.810

Alice Mutebi Kayongo: Yeah.

160

00:25:02.810 --> 00:25:03.729

bridget malewezi: And we couldn't do that.

161

00:25:03.730 --> 00:25:05.320

Alice Mutebi Kayongo: Turn to slide, mode.

162

00:25:05.740 --> 00:25:06.310

bridget malewezi: Yeah.

163

00:25:06.880 --> 00:25:07.939

bridget malewezi: And move that

164

00:25:12.031 --> 00:25:15.460

bridget malewezi: no. Joey's has its way of not working on the day.

165

00:25:20.490 --> 00:25:23.850

bridget malewezi: So as as Alex, shared, i'll, be.

166

00:25:24.000 --> 00:25:33.159

bridget malewezi: i'll be working you through the impact of colonization on on public health and women, the impact on women as well.

167

00:25:34.010 --> 00:25:37.360

bridget malewezi: While I try and figure out how to get to

168

00:25:37.400 --> 00:25:41.960

bridget malewezi: to the slideshow. It's somehow it's it's been covered for by the

169

00:25:45.230 --> 00:25:46.889

bridget malewezi: by the pack, the

170

00:25:48.800 --> 00:25:51.346

bridget malewezi: panel of the the panel of this

171

00:25:53.760 --> 00:25:56.750



bridget malewezi: of the webinar. I'm not quite sure, trying to

172

00:25:57.040 --> 00:26:00.190

bridget malewezi: trying to see from memory how to get through to the audit

173

00:26:00.570 --> 00:26:02.059

bridget malewezi: for the different sections.

174

00:26:05.740 --> 00:26:08.210

bridget malewezi: Sorry. So apologies for this technical glitch.

175

00:26:08.210 --> 00:26:10.300

viva thorsen: It's down at the bottom right

176

00:26:10.710 --> 00:26:11.580

viva thorsen: corner. Yeah.

177

00:26:11.580 --> 00:26:14.939

bridget malewezi: Yeah, there you go. Thanks. Good. Thank you so much. Thank you.

178

00:26:15.390 --> 00:26:17.182

bridget malewezi: Yeah. And then, like,

179

00:26:19.630 --> 00:26:37.829

bridget malewezi: So I'll be going through. As as the presentation was about. How we did we get here. I'll go through the impact of colonial legacies, and how the the impact of those has enduring effects on health, and also how it has impacted on health despite health, in terms of like.

180

00:26:38.130 --> 00:26:47.380

bridget malewezi: ended up in health disparities, and how we how to address those disparities as well as a call to action, to address those specific disparities as well.

181

00:26:48.760 --> 00:26:50.240

bridget malewezi: So

182

00:26:52.310 --> 00:27:03.210

bridget malewezi: we're probably all aware that colonial systems have were based on systematic domination and exploitation of territories and peoples by the by foreign powers.

183

00:27:03.340 --> 00:27:06.729

bridget malewezi: And throughout history, as we will continue to discuss today.

184

00:27:06.830 --> 00:27:28.870

bridget malewezi: colonization has been characterized by the imposition of foreign governance and economic structures and culture norms unto indigenous societies. And it's interesting to mention the way that indigenous I saw that Precipi mentioned the the some of the terminologies that we use today. And I. I saw that indigenous is one of the the terminologies that she was such highlighted as well.

185

00:27:28.950 --> 00:27:48.319

bridget malewezi: So to look at the colonial impact on societies based on those that historical context of the of the domination and expectation of of peoples by foreign powers. When we're looking at one of the key aspects that we wanted to address, how these is impacted on, on on on societies.

186

00:27:48.340 --> 00:27:57.579

bridget malewezi: One of the aspects that wanted to highlight as well was how migrant labor input and how it had an effect on family structured destabilization.

187

00:27:57.990 --> 00:28:01.110

bridget malewezi: It's migrant labor

188

00:28:03.382 --> 00:28:07.250

bridget malewezi: possibly separated individuals from their families and

189

00:28:07.700 --> 00:28:09.880

bridget malewezi: usually for economic expectation

190

00:28:10.150 --> 00:28:17.720

bridget malewezi: and disrupted traditional family structures through a widespread implementation of these migrant labor systems.

191

00:28:18.140 --> 00:28:29.239

bridget malewezi: This disruption led to destabilization of family bonds and communal support. Networks as generations were separated and left to navigate socioeconomic challenges independently.

192

00:28:29.800 --> 00:28:32.129

bridget malewezi: and this has had a long, lasting effect.

193

00:28:32.360 --> 00:28:36.420

bridget malewezi: and many of these have many of these policies

194

00:28:36.580 --> 00:28:43.280

bridget malewezi: still affect societies today, making life harder for groups who are already struggling with social problems and economic issues.

195

00:28:43.380 --> 00:28:48.389

bridget malewezi: As an example, as mentioned, I'm based in Malawi, Malawi is in sub-saharan Africa

196

00:28:48.420 --> 00:28:49.125

bridget malewezi: and

197

00:28:50.510 --> 00:29:03.779

bridget malewezi: historically, was part of the what was known as the Federation of Nesseland and Rhodesia and in our history Nesseland was seen as the not having any min was not mineral rich

198

00:29:03.780 --> 00:29:23.909

bridget malewezi: at that particular time, proceed as not a being mineral rich, although many mineral deposits have been discovered recently. So, because of that particular identification of desolant. What was Malawi then? It was Malawi was basic basically use seen as a exporter of migrant labor. And this is something that has continued to today.

199

00:29:23.940 --> 00:29:28.709

bridget malewezi: Many of our many of our young men at that time were were.

200

00:29:29.460 --> 00:29:35.280

bridget malewezi: We're migrating to either Rhodesia, which was Zimbabwe or South Africa as well, and

201

00:29:35.420 --> 00:29:36.780

bridget malewezi: to their minds.

202

00:29:36.840 --> 00:29:51.569

bridget malewezi: And this, as I mentioned this, had an impact on the family structure and the support systems that are available to women and

their families as well, because most of the times the the man would be away for for many years.

203

00:29:52.418 --> 00:29:58.539

bridget malewezi: In another country, and this often affected how the community was able to to survive.

204

00:29:58.770 --> 00:30:05.589

bridget malewezi: And this and this this has persisted still quite significantly. Still, because of

205

00:30:05.820 --> 00:30:13.849

bridget malewezi: many Malawias, many areas in Malawi still have quite significant migrant populations still moving towards

206

00:30:14.576 --> 00:30:16.239

bridget malewezi: surrounding countries as well.

207

00:30:17.020 --> 00:30:20.370

bridget malewezi: and another impact of colonial structures

208

00:30:20.380 --> 00:30:23.470

bridget malewezi: was also the reinforcement of patriarchal systems.

209

00:30:23.700 --> 00:30:40.139

bridget malewezi: But we cannot deny that most African societies, even on this day, may have never been really matriarchal and or even equitable. However, colonism also reinforced patriarchal systems and societies by promoting male dominance and authority structures.

210

00:30:40.230 --> 00:30:43.220

bridget malewezi: often at the expense of women's rights and autonomy.

211

00:30:45.400 --> 00:30:56.569

bridget malewezi: This perpetration of gender inequality, limited opportunities for women's participation in decision-making and contributed to disparities in education, health, and economic representation.

212

00:30:56.880 --> 00:31:05.489

bridget malewezi: the enduring effects of colonial era, patriarchal norms continues to shape society, dynamics hindering of efforts towards gender, equity, equity, and inclusivity.

213

00:31:06.400 --> 00:31:20.859

bridget malewezi: And then also another aspect of colonial legacies is something to explore is the impact of Western religion and and practices on health. And then and how those impacted on traditional religion as well, and the practices of health

214

00:31:21.390 --> 00:31:34.819

bridget malewezi: and colonial powers shaped health systems in their colonies to serve their interests, resulting often loss of cultural heritage, health inequities, and limited access to health health care in terms of cultural heritage.

215

00:31:34.820 --> 00:31:56.920

bridget malewezi: This disregard for indigenous indigenous health traditions eroded cultural identity and knowledge systems that have been passed down through generations. This loss of cultural heritage, undermined community cohesion and and and resilience as traditional hailing practices are often deeply intertwined with broader cultural, spiritual and social frameworks.

216

00:31:57.700 --> 00:32:04.128

bridget malewezi: And when we're looking about health inequities, it's something important to also think about. And

217

00:32:05.987 --> 00:32:18.329

bridget malewezi: Western medical practices did not always align with the cultural beliefs and preferences of the marginalized communities leading to mistrust and reluctance to access health care services.

218

00:32:18.390 --> 00:32:31.170

bridget malewezi: This is something that we've seen also persist persist till this day as well in many of many countries as well colonial colonized countries as well, and then often and finally, about the access to healthcare.

219

00:32:31.210 --> 00:32:50.929

bridget malewezi: The dominance of Western medical practices resulted in limited access to care, particularly in remote or rural areas where Western health care facilities may have discussed or in inaccessible. And this is something that we will see in terms of the how this has persisted and in

220

00:32:51.660 --> 00:32:54.539

bridget malewezi: until today, in many of the health systems.

221

00:32:55.250 --> 00:33:07.580

bridget malewezi: the enduring impact of colonialism on health systems is reflected in the persistent health challenges that we still that continue to be disturbed, to happen and disproportionately affect marginalized populations.

222

00:33:08.980 --> 00:33:13.890

bridget malewezi: and most significantly, what we often see is the urban and rural divide

223

00:33:14.320 --> 00:33:15.470

bridget malewezi: and

224

00:33:15.770 --> 00:33:17.000

bridget malewezi: colonial

225

00:33:17.230 --> 00:33:23.789

bridget malewezi: legacies have perpetuated stark disparities in healthcare access and outcomes between urban and rural areas

226

00:33:24.120 --> 00:33:24.800

bridget malewezi: and

227

00:33:26.600 --> 00:33:32.329

bridget malewezi: colonizers often concentrated resources and infrastructure in urban centers where they resided

228

00:33:32.430 --> 00:33:36.480

bridget malewezi: leading to more advanced health, health facilities and services

229

00:33:36.700 --> 00:33:40.039

bridget malewezi: and health and limited healthcare services to other communities.

230

00:33:42.570 --> 00:33:57.140

bridget malewezi: And this exacerbated health inequities. And this is something important, especially for for myself as well as as mentioned, I'm I'm based in Malawi, and our population is about 20,000,084% of our population is actually based in the rural areas.

231

00:33:57.330 --> 00:34:13.940

bridget malewezi: And that's something we've seen that 65% of our population is lives within 5 kilometers of a health facility. That that

means just under half of our population lives more than 5 kilometers away from from a health facility

232

00:34:13.969 --> 00:34:16.759

bridget malewezi: and the rural urban divide

233

00:34:16.900 --> 00:34:18.839

bridget malewezi: which has persisted over time.

234

00:34:19.973 --> 00:34:31.279

bridget malewezi: Means that many of the rural populations continue to face barriers such as long distances to healthcare facilities, inadequate infrastructure, and shortages of healthcare professionals in their settings.

235

00:34:31.560 --> 00:34:45.669

bridget malewezi: This is something that is as I said, it's persisting. It was. It was created through the colonial structures that we evolved at that time. And then these are persisted over time. And then also from a global perspective, we're seeing persistent

236

00:34:46.159 --> 00:34:50.000

bridget malewezi: disparities, global disparities between the global north and the global South.

237

00:34:50.500 --> 00:35:00.470

bridget malewezi: and which is evident in in the in health outcomes with African countries experiencing significantly higher maternal mortality rates compared to their European counterparts.

238

00:35:00.500 --> 00:35:02.180

bridget malewezi: For example, in Malawi.

239

00:35:02.592 --> 00:35:11.219

bridget malewezi: in Malawi we used to have a maternal mortality ratio of about 1,180, about 10 years ago.

240

00:35:11.480 --> 00:35:28.530

bridget malewezi: And oh, this is count about 4 50. But you can imagine most many of the global north countries have maternal mortality is below 50. So this is something that's that's something, a stark reality of of the persistent influence of colonial influence on on health systems. And what's happening globally

241

00:35:28.770 --> 00:35:29.355  
bridget malewezi: and

242  
00:35:30.950 --> 00:35:34.840  
bridget malewezi: this reflects the historic and inequalities.

243  
00:35:34.850 --> 00:35:37.440  
bridget malewezi: including limited access to quality.

244  
00:35:37.710 --> 00:35:43.560  
bridget malewezi: quality, maternal healthcare in advocate infrastructure, and social economic disparities as well.

245  
00:35:43.760 --> 00:35:52.589  
bridget malewezi: Similarly, the gendered nature of adolescent HIV a infections, underscores the intersectionality of health disparities with young women in Africa.

246  
00:35:52.940 --> 00:36:02.289  
bridget malewezi: facing disproportionately higher rates of HIV. Transmission due to factors such as gender-based violence, limited access to education and economic dependence.

247  
00:36:05.930 --> 00:36:06.890  
19547366772: So.

248  
00:36:07.123 --> 00:36:11.559  
bridget malewezi: We've we've gone through the context and the background of how we, how we ended up where we are

249  
00:36:11.610 --> 00:36:12.250  
bridget malewezi: and

250  
00:36:13.360 --> 00:36:21.389  
bridget malewezi: we're looking at. How do we address these health disparities? One of the important factors we need to be looking at how to empower women for health.

251  
00:36:23.290 --> 00:36:27.899  
bridget malewezi: and we can also be in transforming the lives through peer mentorship and health education.

252  
00:36:27.920 --> 00:36:32.069



bridget malewezi: the notably women, to be ages of change in their own communities.

253

00:36:32.710 --> 00:36:37.689

bridget malewezi: And it's important to be leveraging off proven models for improved health outcomes.

254

00:36:37.850 --> 00:36:40.499

bridget malewezi: So, for example, at mothers to mothers.

255

00:36:41.504 --> 00:36:45.136

bridget malewezi: we focus on peer mentorship, health, education and

256

00:36:46.790 --> 00:36:48.409

bridget malewezi: and support for women.

257

00:36:49.990 --> 00:36:51.670

bridget malewezi: for women, empire, and women.

258

00:36:51.720 --> 00:37:01.210

bridget malewezi: We, our our model mainly is focused on empowering women living with HIV to become mentor mothers, giving women space to transform into leaders in their communities.

259

00:37:01.700 --> 00:37:03.590

bridget malewezi: And this is an important aspect.

260

00:37:04.343 --> 00:37:04.946

bridget malewezi: Because

261

00:37:09.130 --> 00:37:15.639

bridget malewezi: when we invest in African women, we are going to be able to address some of these challenges, especially in the African health challenges.

262

00:37:15.660 --> 00:37:23.389

bridget malewezi: Women are often the primary caregivers and the key decision makers in health care, seeking behaviors within their families support and

263

00:37:23.970 --> 00:37:31.600

bridget malewezi: and communities. And when we empower African women with advocate training resources, supported supervision

264

00:37:31.690 --> 00:37:40.570

bridget malewezi: and leadership opportunities, we're able to improve health outcomes promote preventive care and brutal resistant healthcare systems for the benefit of entire communities.

265

00:37:40.940 --> 00:37:45.213

bridget malewezi: And one of the other areas where we're really focused on as

266

00:37:45.860 --> 00:37:48.780

bridget malewezi: advocate for for paid

267

00:37:49.430 --> 00:38:01.650

bridget malewezi: for paid, recognizing the role of female community health workers and that they should be paid. Often. In many, many programs. Many many women, end up.

268

00:38:03.980 --> 00:38:09.109

19547366772: These research products may also call the name in time. If it's publication, comments

269

00:38:09.370 --> 00:38:11.060

19547366772: work on our pipeline

270

00:38:13.130 --> 00:38:13.810

19547366772: operation.

271

00:38:13.810 --> 00:38:15.129

Alice Mutebi Kayongo: Richard, are you there

272

00:38:15.840 --> 00:38:17.300

Alice Mutebi Kayongo: at our organization.

273

00:38:18.940 --> 00:38:20.410

Alice Mutebi Kayongo: Bridget?

274

00:38:23.420 --> 00:38:24.880

Alice Mutebi Kayongo: So multiple

275

00:38:25.250 --> 00:38:26.780

Alice Mutebi Kayongo: authorship platform.

276

00:38:27.390 --> 00:38:29.070

Alice Mutebi Kayongo: Jim, can you hear me.

277

00:38:32.170 --> 00:38:40.400

Jim Pickett: Yes, Alice, it looks like Bridget has frozen, so we may need to. If she can't come back we may need to go forward.

278

00:38:40.940 --> 00:38:41.830

Alice Mutebi Kayongo: Hmm!

279

00:38:43.210 --> 00:38:49.904

Alice Mutebi Kayongo: Sorry sorry about that. So Bridget has frozen just before concluding her

280

00:38:50.440 --> 00:39:19.530

Alice Mutebi Kayongo: presentation, but I know that we will be able to move on. You know, we'll be able to discuss it further during our QA. Session. But and I do appreciate the fact that Bridget has been highlighting the real impact of colonization on women's health. I'm sure many of us will be able to appreciate the fact that women are part of that marginalized group that has actually been hugely affected by colonization of global health.

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00:39:19.850 --> 00:39:31.629

Alice Mutebi Kayongo: I would want to move on to Marilyn class, who is the associate Professor of Research at the School of Medicine University of Namibia.

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00:39:32.250 --> 00:39:57.990

Alice Mutebi Kayongo: Marilyn is going to speak to us about decolonization. Basically, the decolonization perspective following, gone to what pretty did present to us this is again in line with academia, and Marilyn will zoom in on research. But more so I I research and funding funding you know, related to research. So, Marilyn, I'll hand over to you.

283

00:40:01.380 --> 00:40:08.179

Mareli Claassens: Thanks, Alice. I'm just sharing my screen, and I hope you can see the right version of my screen.

284

00:40:09.800 --> 00:40:11.000

Mareli Claassens: So good morning.

285

00:40:11.000 --> 00:40:11.810

Jim Pickett: Morning.

286

00:40:12.060 --> 00:40:15.110

Mareli Claassens: And let me just remove that as well. Okay.

287

00:40:15.557 --> 00:40:36.952

Mareli Claassens: good morning. Good afternoon. Good evening, everybody. I'm so happy to be here with my colleagues and friends. I'm going to start with a quote by Jean Jock Russell, who is the French Revolution, stalwarts and philosopher, and he said that freedom is the power to choose our chains.

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00:40:37.460 --> 00:40:43.150

Mareli Claassens: Now for me. I would like to see a world where freedom is the power to choose freely.

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00:40:43.410 --> 00:40:55.870

Mareli Claassens: but I guess we will discuss the types of change chains we face as academic researchers in our world today. For now, until our world is truly free.

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00:40:56.710 --> 00:41:00.570

Mareli Claassens: So I'm going to use the example of the COVID-19 pandemic.

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00:41:00.630 --> 00:41:09.290

Mareli Claassens: since it's fresh in our minds, and almost everybody is an expert. Right? So everyone remembers the pandemic quite well.

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00:41:09.350 --> 00:41:15.090

Mareli Claassens: and we all have our own experiences and experienced traumas and losses.

293

00:41:15.660 --> 00:41:29.369

Mareli Claassens: I would like to highlight a few issues around the status quo. In other words, the way which I experienced academic research during the pandemic as examples of places where we can deliberately make our voices heard

294

00:41:29.430 --> 00:41:35.019

Mareli Claassens: and shift paradigms to ensure decolonization in academic research.

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00:41:35.760 --> 00:41:41.080

Mareli Claassens: For instance, let's start with the challenge of distributive justice.

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00:41:41.270 --> 00:41:49.040

Mareli Claassens: So how do we ensure that what we have as scientists and academia reach everyone in a just way.

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00:41:49.800 --> 00:42:07.979

Mareli Claassens: just to refresh memories. Justice is a step up from equity, which means in a just way indicates that someone is standing on a box, and the wall is removed. I'm of course, referring to the pictograms of people of different sizes trying to see over things.

298

00:42:08.870 --> 00:42:18.119

Mareli Claassens: So during the pandemic we had excellent vaccines developed by the best minds in the world, and it was very quickly done and very efficiently.

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00:42:18.810 --> 00:42:24.149

Mareli Claassens: We also had an organization called Covex, working on the fair distribution of vaccines.

300

00:42:25.190 --> 00:42:37.559

Mareli Claassens: In effect, we did not receive the same vaccines all over the world. Some places never received MR. And a vaccines, some very few, some early, much late in the pandemic.

301

00:42:37.960 --> 00:42:48.300

Mareli Claassens: So as academia, how do we make sure that we decolonize? How do you make sure that what we develop and what we find and what we

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00:42:48.400 --> 00:42:50.040

Mareli Claassens: make sense of.

303

00:42:50.950 --> 00:42:58.220

Mareli Claassens: get a call across the world and get used all across the world by those most vulnerable. Specifically

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00:42:58.390 --> 00:43:23.950

Mareli Claassens: so. I would say by advocating that our findings are distributed across the world in a just way, and that means that it's unfortunately not just about advocating right. It might also means that as a scientist I must change my contract with a funder, or distribute of

consumables to reflect my moral position, and to say that if I develop an Mr. And a vaccine.

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00:43:23.950 --> 00:43:28.730

Mareli Claassens: I want it to be used by the poorest of the poor, and that's just an example.

306

00:43:30.180 --> 00:43:34.760

Mareli Claassens: So, secondly, how could decolonization reflect in academic freedom.

307

00:43:35.560 --> 00:43:38.289

Mareli Claassens: for instance, in conference attendance.

308

00:43:39.070 --> 00:43:43.190

Mareli Claassens: or in who gets to study at the most prestigious universities

309

00:43:44.160 --> 00:43:54.129

Mareli Claassens: during the pandemic because people living in the global South, and I know that I'm using it term, which is not always liked. But I'm using it for a lack of a Beta term

310

00:43:54.750 --> 00:44:11.549

Mareli Claassens: did not have ex access to very specific vaccines, myself included. We could not travel to conferences right? So someone who was not vaccinated with either the Moderna vaccine or the Pfizer vaccine couldn't travel internationally. If you're coming from the global South or lower Middle income country.

311

00:44:12.250 --> 00:44:18.610

Mareli Claassens: our counterparts from the global north, however, with a so called right vaccine, could travel every way they wanted.

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00:44:19.280 --> 00:44:27.920

Mareli Claassens: This injustice was on top of the huge challenge that people in the global South already, experience always

313

00:44:28.480 --> 00:44:32.849

Mareli Claassens: to get visas in the first place, to travel anywhere at any point in time.

314

00:44:32.980 --> 00:44:39.489

Mareli Claassens: So we were disadvantaged from a vaccine and a visa perspective, and there was very little to do about it.

315

00:44:39.910 --> 00:44:42.069

Mareli Claassens: So what can you do about it now?

316

00:44:42.150 --> 00:44:44.090

Mareli Claassens: So first comes awareness.

317

00:44:44.180 --> 00:44:50.190

Mareli Claassens: and I'm hoping by the end of this talk everyone would be aware of these issues in academic research.

318

00:44:50.360 --> 00:45:00.849

Mareli Claassens: And then comes spreading the message, talking to people about it, talking about it in academic research and at conferences. And if you get the chance to travel, spreading the message

319

00:45:01.320 --> 00:45:10.210

Mareli Claassens: and then comes action through organizing, how can we organize. How can we? How can we make a group? How can we latch onto an already existing group?

320

00:45:11.510 --> 00:45:17.129

Mareli Claassens: How can we boycott certain organizations when they don't follow these kinds of guidelines.

321

00:45:18.218 --> 00:45:22.849

Mareli Claassens: The same unwritten rule apparently goes for invitees

322

00:45:23.580 --> 00:45:26.419

Mareli Claassens: to present at academic conferences as well.

323

00:45:26.660 --> 00:45:35.819

Mareli Claassens: So most recently I've been on the Organizing committee for such a conference, where one of the keynote speakers who are invited comes from a funding agency.

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00:45:36.980 --> 00:45:44.470

Mareli Claassens: And when I looked at the funding streams of this specific agency that only fund individuals from the US. Or from Canada.

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00:45:45.360 --> 00:45:54.609

Mareli Claassens: And that's while the Conference is specifically geared and focused towards getting an even sample of attendees from the global North and the global South.

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00:45:55.150 --> 00:45:58.359

Mareli Claassens: But if we only have funders at such a conference.

327

00:45:58.660 --> 00:46:07.890

Mareli Claassens: who would fund someone from the States or Canada. My chances coming from the global South, from a lower middle income country is 0.

328

00:46:08.070 --> 00:46:20.040

Mareli Claassens: It seems like a no brainer right? We have to have people attending the conference who can fund anybody at the conference, but it doesn't happen. And when I mentioned it my comment was largely ignored.

329

00:46:20.080 --> 00:46:27.729

Mareli Claassens: So what can I do next? And that's the key question. Should I comment again, should I comment louder? Should I suggest an alternative?

330

00:46:28.100 --> 00:46:33.069

Mareli Claassens: And this same principle also speaks to who gets funding to do research.

331

00:46:33.480 --> 00:46:43.800

Mareli Claassens: So I reflected on one of the questions posted in advance which specifically addressed Paypal, and where the paper should be discontinued. And I think we we cannot really

332

00:46:44.040 --> 00:46:51.610

Mareli Claassens: argue the fact that big fires meant a lot for people living with HIV all across the world, and it has made

333

00:46:51.870 --> 00:46:52.920

Mareli Claassens: huge

334

00:46:53.600 --> 00:46:56.440

Mareli Claassens: differences and shifts, and

335

00:46:56.580 --> 00:47:14.980



Mareli Claassens: in paradigms and ways that we've been thinking in the ways that people with HIV are treated. But we also have to be aware, and we have to be very honest with one another, that funding organizations many times, not always, but many times also, benefit the individuals from the places where the funds are coming from right.

336

00:47:15.170 --> 00:47:20.580

Mareli Claassens: So Americans also benefit through the Cdc. And bid prep and bid for.

337

00:47:20.740 --> 00:47:32.319

Mareli Claassens: and mostly these individuals who benefits when they from the States are not people of living with HIV. Now, again, I'm not generalizing. I'm saying most of the time they not people living with HIV.

338

00:47:33.290 --> 00:47:37.700

Mareli Claassens: So I think we need to ensure fair benefits where it's needed the most.

339

00:47:38.190 --> 00:47:44.169

Mareli Claassens: And, secondly, with regards to funding, how do we make sure that the funding is distributed justly as well.

340

00:47:44.530 --> 00:47:51.519

Mareli Claassens: I remember disturbingly during the pandemic when I wrote, I wrote an application to European Funding agency.

341

00:47:51.810 --> 00:47:57.860

Mareli Claassens: and the project was about the interaction between tuberculosis HIV and COVID-19.

342

00:47:57.900 --> 00:48:07.260

Mareli Claassens: The prerequisites for funding was that the Pi should be in Europe, although the world, the the work would be conducted in Namibia and Botswana.

343

00:48:07.930 --> 00:48:12.530

Mareli Claassens: And that brings me to the next point on who does the dirty work.

344

00:48:12.730 --> 00:48:23.610

Mareli Claassens: We also need to recognize that most field and ground workers in healthcare and in healthcare research are women, and most leadership positions are filled by men.

345

00:48:23.820 --> 00:48:27.519

Mareli Claassens: and I think that has been addressed by Bridget in a sense as well.

346

00:48:28.540 --> 00:48:32.209

Mareli Claassens: coming back to the global south wind. Finally.

347

00:48:32.350 --> 00:48:37.129

Mareli Claassens: at some stages. And it's happening more and more often, we do make a breakthrough

348

00:48:38.115 --> 00:48:43.890

Mareli Claassens: for instance, when Omicron was recognized and sequenced by the South African and Botswan scientists.

349

00:48:44.420 --> 00:48:47.919

Mareli Claassens: we from the global South and from sub-saharan Africa.

350

00:48:48.090 --> 00:48:52.329

Mareli Claassens: hoped for respect, and we got another travel ban.

351

00:48:52.660 --> 00:48:57.460

Mareli Claassens: Although the number of cases in Southern Africa at the time were much lower than in Europe

352

00:48:58.240 --> 00:49:15.900

Mareli Claassens: at the time I wrote an OP. 8 for think global health. And very little was said about it. It was specifically about the scramble from Africa. All of a sudden, people just want to leave Africa and not come back because of this new variant, and it was

353

00:49:15.950 --> 00:49:20.750

Mareli Claassens: counterintuitive because the numbers were not speaking the same message.

354

00:49:21.700 --> 00:49:25.409

Mareli Claassens: So again, what else to do. Write again or scream louder.

355

00:49:26.510 --> 00:49:29.350

Mareli Claassens: Finally, I want to say a few words about authorship.

356

00:49:29.640 --> 00:49:36.980

Mareli Claassens: I teach my students very specifically to be adamant, then work. When they work on an analysis or scientific paper.

357

00:49:37.130 --> 00:49:53.650

Mareli Claassens: they have to negotiate before and to be a first author, and there's no compromise. And similarly, someone from the country where the work is conducted has to be a senior author. Again, no compromise. Obviously, this is depends on the scientific contribution. I mean, if you don't contribute to paper, you can't be first or lost. Author.

358

00:49:54.100 --> 00:50:00.060

Mareli Claassens: But we can only move forward and upward if we are respected and treated as absolute equals.

359

00:50:01.720 --> 00:50:13.089

Mareli Claassens: I reflected on another question which was posted in advance, which asked, What is decolonization? In a few words? And for me it's the removal of power imbalances, or at least to start with

360

00:50:13.170 --> 00:50:18.870

Mareli Claassens: the recognition of power imbalances, and how it impacts on the most vulnerable.

361

00:50:19.500 --> 00:50:28.459

Mareli Claassens: I'm finishing with a quote by Desmond Tutu, who said, If you are neutral in situations of injustice, you have chosen the side of the oppressor.

362

00:50:28.680 --> 00:50:42.369

Mareli Claassens: My challenge, my challenge to us all is to choose a side and to work on actionable points, to remove power imbalances in academic research and in all other aspects of global health.

363

00:50:43.120 --> 00:50:45.400

Mareli Claassens: I've named a few action points.

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00:50:45.430 --> 00:50:55.480

Mareli Claassens: Some I've tried, some were more successful than others. We all have to take up that challenge and tweak it according to each of our own circumstances.

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00:50:55.960 --> 00:50:58.360

Mareli Claassens: and we can never surrender

366

00:50:58.580 --> 00:50:59.949

Mareli Claassens: so good luck.

367

00:51:02.440 --> 00:51:29.979

Alice Mutebi Kayongo: Thank you so much, Marilyn. Indeed, we can never surrender. And I do like you know your your phrase on the fact that we need to recognize, but also remove any power imbalances. If we are thinking about decolonization, I see we are fast running out of time. I want to hand over very quickly to honorable Julieta Kabetuna.

368

00:51:29.980 --> 00:51:58.569

Alice Mutebi Kayongo: who is a Parliamentarian with the Namibian Parliament and Julieta is also a public mental health specialist. She's also an outgoing Deputy Minister in in Namibia, Julieta. I hate to say that I'm going to reduce your time by just a little bit of minutes, so that we can have a a a discussion right at the end over to you, Julieta.

369

00:52:01.960 --> 00:52:05.080

Julieta Kavetuna: Yeah, thank you very much. Thank you for

370

00:52:05.110 --> 00:52:07.300

Julieta Kavetuna: for giving me this opportunity

371

00:52:07.530 --> 00:52:11.240

Julieta Kavetuna: and the the the discussions that

372

00:52:11.570 --> 00:52:13.119

Julieta Kavetuna: CD. Tip

373

00:52:16.690 --> 00:52:18.290

Julieta Kavetuna: for police.

374

00:52:20.273 --> 00:52:22.060

Julieta Kavetuna: I heard.

375

00:52:24.300 --> 00:52:27.650

Alice Mutebi Kayongo: Julieta. Your connection is not. It's it's cutting out.

376

00:52:32.170 --> 00:52:35.729

Julieta Kavetuna: Of decolonizing global health.

377

00:52:35.810 --> 00:52:37.760

Julieta Kavetuna: It's a political issue.

378

00:52:38.741 --> 00:52:42.089

Julieta Kavetuna: When we say it's a political issue, it's a

379

00:52:43.098 --> 00:52:45.209

Julieta Kavetuna: it's it's because

380

00:52:45.580 --> 00:52:46.590

Julieta Kavetuna: we

381

00:52:46.800 --> 00:52:56.399

Julieta Kavetuna: there is a very close link between the the issues regarding public health or global health

382

00:52:56.410 --> 00:53:23.060

Julieta Kavetuna: and other related issues that people are discussing at a one at platforms that need to be discussed like, maybe when you go to the International, the UN Forums, they always discuss about health as an annexia, but not as a substantive thing, and that makes it a little bit, also promoting the inequity that have been

383

00:53:23.060 --> 00:53:28.752

Julieta Kavetuna: within this. okay, can you go to the next slide, please.

384

00:53:29.370 --> 00:53:33.106

Julieta Kavetuna: Yeah. So then, the issue of

385

00:53:33.890 --> 00:53:36.239

Julieta Kavetuna: of people are nice in health.

386

00:53:36.880 --> 00:53:39.019

Julieta Kavetuna: It cannot be discussed

387

00:53:39.250 --> 00:53:42.019

Julieta Kavetuna: if we do not go back to the history

388

00:53:42.050 --> 00:53:51.650

Julieta Kavetuna: and also looking at at how we were colonized as the the the global South. I think it's a better way to to to discuss.

389

00:53:51.710 --> 00:53:57.479

Julieta Kavetuna: but to to mention. It's a, it's a, it's a global health. It's a global South.

390

00:53:57.550 --> 00:53:59.060

Julieta Kavetuna: But the

391

00:53:59.480 --> 00:54:12.239

Julieta Kavetuna: the the that that is actually the bone of contentious, because the space in which we are moving it's it's of of a of a certain characteristics that come to

392

00:54:12.320 --> 00:54:18.099

Julieta Kavetuna: to, to to put the the competition of the or the contest between

393

00:54:18.160 --> 00:54:27.820

Julieta Kavetuna: political financing, political interventions, political, others, plus the well-being and accessibility of health of people.

394

00:54:27.960 --> 00:54:34.610

Julieta Kavetuna: So when I look at the the whole funding system. There is so much in equity.

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00:54:35.084 --> 00:54:58.950

Julieta Kavetuna: When you look at the the Ca, the capital of the United States of America, health spending is 12,000 Us. Dollars. But then you come to a country like South Sudan. The Dash, the average Day Office 21,000 is 21 as as dollars. One will wonder. What? What is it that we cannot do?

396

00:54:59.400 --> 00:55:03.099

Julieta Kavetuna: What should we be prioritizing with the \$21,

397

00:55:03.240 --> 00:55:19.700

Julieta Kavetuna: while the other people with your money correctly with your money, are doing so much with a 12,000, so that disparity already. It's a question that need to be addressed, and it's such a huge disparity.

398

00:55:19.780 --> 00:55:36.179

Julieta Kavetuna: So the the African. And I'm speaking from the African perspective, though the representation is from the global South, have tried to sit at various events, and one of them, which is very significant, is the Abuja Declaration.

399

00:55:36.190 --> 00:55:57.010

Julieta Kavetuna: where they saw that what, how much their countries are spend on health, and everybody in that meeting have decided that we spend a 15%, a good health care system will be when everybody spend 15% of your budget on health.

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00:55:57.600 --> 00:56:01.570

Julieta Kavetuna: Up to now there is countries that are still at 4%.

401

00:56:01.640 --> 00:56:07.730

Julieta Kavetuna: But we are moving forward, and we are saying that we are doing what we supposed to do to help?

402

00:56:07.890 --> 00:56:10.330

Julieta Kavetuna: Where does the money come from?

403

00:56:10.890 --> 00:56:19.020

Julieta Kavetuna: Namibia, South Africa, Botswana? Our budget represented 60%, the the funding in health.

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00:56:19.060 --> 00:56:24.040

Julieta Kavetuna: more than 60%. It's our domestic Domestic finance.

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00:56:24.050 --> 00:56:32.600

Julieta Kavetuna: But what about the other countries that we do that do not have those resources? But what is very paradoxical is that

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00:56:32.650 --> 00:56:36.709

Julieta Kavetuna: the funders are coming, and tell you what you have to do

407

00:56:36.720 --> 00:56:40.649

Julieta Kavetuna: with the money that they are giving you to who you have to employ.

408

00:56:40.760 --> 00:57:09.600

Julieta Kavetuna: So your the whole gains that you have put in your healthcare system in order for you to to prioritize what is very important in your country is being reversed, because somebody else thinks

that the money that is giving should have a name of a disease that supposed to be to be to to be eliminated, or whatever. So the whole gains for the child rule diseases like polio that we have. That we have gained in

409

00:57:09.600 --> 00:57:26.709

Julieta Kavetuna: 2030 years it's actually been reversed because the children are are getting polynomial because we do not have the funds and the funds that we are getting in the name of 8. It's very limited, and also being prescribed to to to for what it's supposed to do.

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00:57:26.820 --> 00:57:37.709

Julieta Kavetuna: so how to to act. And the action is very, very important, and I think that how to act impactful we should change the paradigm shift

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00:57:38.600 --> 00:57:43.440

Julieta Kavetuna: we should moved away from the way things are been done

412

00:57:43.460 --> 00:58:06.660

Julieta Kavetuna: knowledge shift. It's also very important, because one, when I was reading the comments and the discussion about decolonizing health is being held by the people that are colonizing. So how do? There is no discussion about the issue of decolonization in Africa.

413

00:58:06.660 --> 00:58:34.710

Julieta Kavetuna: I wasn't deputy Minister as I have. I have been attending so many meetings. But there is no discussion. We are still talking about the old little things, while the discussions of of platforms have been created have been written about decolonizing health, who is leading the the the whole thing of decolonizing, of decolonization, of help, so that leadership shift. It's what is very important.

414

00:58:34.720 --> 00:58:52.469

Julieta Kavetuna: Let the the, the, this northern hemisphere not be the one who is talking about decolonizing because they might not even understand. What is it? What it means in real terms of the world, but also the Southern hemisphere, must not sit and wait

415

00:58:52.640 --> 00:59:21.990

Julieta Kavetuna: until to be told that there is this, this concept that we need to discuss, they should be able to come up, and I know many of our leaders in in the South knows exactly what the colonists, decolonizing or decolonizing mean. So they should start leading that discussions and put it ahead so that you can actually eliminate



coloniality by being the person and being the frontrunner in your in your discussion.

416

00:59:22.030 --> 00:59:27.129

Julieta Kavetuna: and reduce systematic inequalities. That we have

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00:59:27.130 --> 00:59:53.519

Julieta Kavetuna: even in the among ourselves, like, for instance, when I'm saying 21 per capita. Namibia is standing at 1,000 something. So it's not. It's not, it's it's it's not just the whole thing. And it's the question of the sub-saharan Africa, that they've also been roaming around here, that we are just class that all together. I think that it's very high time that we also have to break it down to the lowest and assist

418

00:59:53.640 --> 01:00:05.169

Julieta Kavetuna: the the vulnerables in order for them to come to a certain level. The equity that that admiral spoke about it is very important and create new knowledge. People should start knowing that.

419

01:00:05.290 --> 01:00:21.979

Julieta Kavetuna: And what is it that we want as leaders in our in our countries? What is it that we need to advocate? When is the UN going to talk about the colonizing help? And when are we going to to be the frontrunners of this thing.

420

01:00:22.010 --> 01:00:25.720

Julieta Kavetuna: So global health, we, the global health we want.

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01:00:25.770 --> 01:00:37.319

Julieta Kavetuna: It is the end. The end goal of decolonization is more equitable, inclusive, and just approaches to address the global challenges where community

422

01:00:37.400 --> 01:00:45.840

Julieta Kavetuna: and nations of indigenous people and the global South have control and ownership over their own health research

423

01:00:46.060 --> 01:01:00.080

Julieta Kavetuna: research products and agendas. So that's the good, the global health that you want, where this, that disparities, it's already taken out way. We use our indigenous knowledge

424

01:01:00.080 --> 01:01:20.760

Julieta Kavetuna: to heal and and and Re spend a a save money on unnecessary vaccines and others, because there is indigenous knowledge.

And if it's research and taken taken the the Pre, the the take, the the highest stage of the top stage. It can help us to

425

01:01:20.760 --> 01:01:38.630

Julieta Kavetuna: to eradicate many diseases, and we can actually go ahead. And until with our issues, the last slides please the responses to the questions, the question of sub-saharan Africa. It's a very political one. It's a very dynamic one, and I think it needs to be

426

01:01:38.630 --> 01:01:54.349

Julieta Kavetuna: process and be led by people. We can call upon it and say that what is up, Sarah? It's just so it's it, is it it? It have been described as a location. But ultimately it became a name

427

01:01:54.350 --> 01:02:12.179

Julieta Kavetuna: that it's wearing and caring a stigma among us as Africans and people of Africa. We have such a beautiful continent that is called Africa and Africa is Divest Africa. It's a a continent that we can

428

01:02:12.360 --> 01:02:21.830

Julieta Kavetuna: that have the potential with the most young people with the most resources. So that concept of trying to cluster

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01:02:21.920 --> 01:02:31.010

Julieta Kavetuna: a whole continent of 54 country in one description. I don't think that it's correct, and it need to be discussed at the different levels.

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01:02:31.140 --> 01:02:45.019

Julieta Kavetuna: How will we achieve colonizing the global health when we still dependency. That's a question that that I just addressed, that we should be the leaders of our own change. We should be the leaders.

431

01:02:45.020 --> 01:03:01.450

Julieta Kavetuna: So I I think I will end here as my Co. Moderator, have given me this a a very few minutes, but I think I'm satisfied with what I have presented for for the time being. I thank you very much, Alice, and every listener.

432

01:03:02.390 --> 01:03:27.390

Alice Mutebi Kayongo: Thank you. Thank you so much. Honorable Julieta and unfortunately, I see we are running out of time. We have just a few minutes to the end of this webinar. Fortunately the chat room is very lively, and I like what I have been seeing and reading. we'll quickly get into the question and answer session. We'll have just a few questions.

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01:03:27.390 --> 01:03:34.319

Alice Mutebi Kayongo: perhaps one question per panelist, and then we will be wrapping up

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01:03:34.320 --> 01:03:58.550

Alice Mutebi Kayongo: and so I have seen one of the questions that we have. You have, responded to Marilyn. And just to request you to. Maybe, you know. Say this loudly once again, with regards to capitalism. Where does it fit into all of these? And why aren't we talking about capitalism just and in under? I mean, admirably, thank you.

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01:04:00.240 --> 01:04:08.234

Mareli Claassens: I think people like money. That's what I put in the chat as well, and that's something that's internal to all of us as human beings if we honest

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01:04:08.927 --> 01:04:11.870

Mareli Claassens: but we really have to start thinking about

437

01:04:12.060 --> 01:04:19.010

Mareli Claassens: discussing with our children and with our students, about a paradigm shift towards making

438

01:04:19.180 --> 01:04:20.610

Mareli Claassens: values

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01:04:20.630 --> 01:04:44.959

Mareli Claassens: important and more important than money. So I know it's very ideological, and I'm not sure how we will do that in practice. But for me, if one starts to treat others with respect, with tolerance, with integrity, and you move away from the value that's being put on money as such, but towards a model way. That same value is towards

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01:04:44.960 --> 01:05:05.100

Mareli Claassens: humanity and the values that I've already listed for me. That's already a shift in the right direction. But we're not gonna solve that problem yet today. And I think, Julie, it has mentioned capitalism as well. It's a huge issue, always a huge issue, because people like money, but let's move it into an and then into another direction.

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01:05:07.680 --> 01:05:20.530

Alice Mutebi Kayongo: Wonderful. Thank you so much. Marilyn and just a follow on question on that. This will go to either of the panelists Juliet, Pretty, or

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01:05:20.530 --> 01:05:38.729

Alice Mutebi Kayongo: or a Bridget. And this is with regards to the Lgbtq communities. You know, how should we ensure that the Lgbtq communities are not being harmed by those who are actually, you know, part of the conversation

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01:05:38.730 --> 01:05:41.490

Alice Mutebi Kayongo: on decolonizing global health.

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01:05:42.960 --> 01:05:44.949

Alice Mutebi Kayongo: Does anyone want to go in for that.

445

01:05:51.500 --> 01:05:53.729

Alice Mutebi Kayongo: Bridget? Are you putting up your hand, or is it

446

01:06:06.000 --> 01:06:30.729

Alice Mutebi Kayongo: okay? I do not see. So looks like this is an area that we haven't tapped into, and we have to, you know, think about it. So that's a brilliant question that we need to think about moving forward and and and perhaps you know. This is, this should be part of the discussion, you know. Continuing from this webinar

447

01:06:31.331 --> 01:06:35.948

Alice Mutebi Kayongo: I will move on to the next question, which is,

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01:06:36.580 --> 01:06:52.819

Alice Mutebi Kayongo: How do we address tokenizing in the process of decolonization? I know Marily has spoken to this to one extent. But just wondering. Juliet aprity. And Bridget, do you have any additions to this?

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01:06:55.210 --> 01:07:01.489

Alice Mutebi Kayongo: Because there's a lot of Tokenism? Some organizations have guidelines to combat some of the inequities

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01:07:01.990 --> 01:07:04.650

Alice Mutebi Kayongo: in research programming.

451

01:07:06.200 --> 01:07:09.959

Alice Mutebi Kayongo: Yeah, how do we address the issue of Tokenism?

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01:07:15.670 --> 01:07:17.809

Alice Mutebi Kayongo: Maybe we will.

453

01:07:17.850 --> 01:07:19.719

Alice Mutebi Kayongo: Oh, sorry. Yes, Bridget.

454

01:07:19.940 --> 01:07:22.406

bridget malewezi: No go ahead. I was going to say that

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01:07:23.390 --> 01:07:27.907

bridget malewezi: like you said that married to probably addressed this a little bit. And

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01:07:28.330 --> 01:07:29.639

bridget malewezi: It's a

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01:07:29.950 --> 01:07:33.400

bridget malewezi: part of decolonizing is making sure that

458

01:07:33.740 --> 01:07:41.881

bridget malewezi: those those who have been affected most by the colonial structures have a strong voice, a clear voice and

459

01:07:42.480 --> 01:07:51.900

bridget malewezi: and are able to participate and make decisions for themselves about those what the things that are affecting them. It also relates to what Juliet was presenting about as well.

460

01:07:52.050 --> 01:07:53.542

bridget malewezi: And I think,

461

01:07:54.640 --> 01:08:00.839

bridget malewezi: when we're having these discussions or or key decisions due to be made.

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01:08:00.980 --> 01:08:20.439

bridget malewezi: it's important that those who are most affected by them should have a a clear, a clear platform, a structure that that they're able to contribute, through which, through which they can do that. As mentioned. For for ourselves, we're looking at it from a perspective of like women. Often it's women who are some after often affected by some of the structures as well.

463

01:08:20.439 --> 01:08:44.080

bridget malewezi: And it's important that decisions about their health and their their their families and communities. They should be actively voted. They should come directly from them. It's not, it should be not be top down. It should also be from from those affected. So if I'm the African woman who's affected by this particular thing. I understand my context as well. I understand the things that are happening in my my area, the problem that I have

464

01:08:44.623 --> 01:08:59.969

bridget malewezi: as as Juliet was mentioning as well, that sometimes the conversations might not necessarily often have us. Those who are affected be involved, or be able to to to make the decisions. It's something that we would want

465

01:09:00.000 --> 01:09:22.079

bridget malewezi: those decisions to be to be made by us. Sometimes it's just, sometimes Tokenism often means that I'm just bringing bridges to come and decorate the stage, and because then, to show that we had an African woman available for the conference, etc, but that ideally, that I should be involved in that decision making about the decisions and my contribution should be valued.

466

01:09:22.080 --> 01:09:31.219

bridget malewezi: I should be heard, as as mentioned primarily about some of the the contributions she was able to make, but sometimes was not listened to. So that's something that we want to be able to see.

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01:09:31.370 --> 01:09:32.189

bridget malewezi: Thanks.

468

01:09:34.819 --> 01:09:51.059

Alice Mutebi Kayongo: Great. Thank you so much, Bridget and while we have just a few minutes to the end, I want to open up for any live question, at least one to 2, after which we will. you know, wrap up this conversation.

469

01:09:51.659 --> 01:09:53.719

Alice Mutebi Kayongo: Does anyone have a question.

470

01:09:57.069 --> 01:10:01.349

Alice Mutebi Kayongo: Jim? If you can help me. Look at the

471

01:10:01.389 --> 01:10:05.579

Alice Mutebi Kayongo: participants. If anyone's hand is up. I'm trying to

472

01:10:05.759 --> 01:10:07.759

Alice Mutebi Kayongo: to do that from my side, too.

473

01:10:07.760 --> 01:10:18.329

Jim Pickett: Sure happy to help. And so reminder. If you want to ask a question, go to the reaction section and raise your hand so we can see.

474

01:10:21.510 --> 01:10:28.490

Jim Pickett: and if not, we might want to. Alice, just have each speaker give us their 1 min takeaway.

475

01:10:29.026 --> 01:10:34.899

Jim Pickett: The one thing that you want us all to leave with after everything that's been said today.

476

01:10:35.260 --> 01:10:38.510

Jim Pickett: we could do that as time is ticking.

477

01:10:40.340 --> 01:10:45.636

Alice Mutebi Kayongo: Right. Thank you. So I guess we'll start with pretty

478

01:10:47.010 --> 01:10:50.250

Alice Mutebi Kayongo: 30 s of your one thing.

479

01:10:53.090 --> 01:11:03.830

Preethi John: Thank you. Alice. I'm gonna just take up this question, which is in QA. About prestigious academic institutions. Why are they only located in global north.

480

01:11:04.460 --> 01:11:06.909

Preethi John: As part of the takeaway.

481

01:11:07.585 --> 01:11:09.370

Preethi John: You know, in

482

01:11:09.640 --> 01:11:21.240

Preethi John: ranking matters. And that's what decides. What is the top university? So I think it's also about what are the metrics we are using for measuring.

483

01:11:21.310 --> 01:11:22.530

Preethi John: And so

484

01:11:22.690 --> 01:11:39.649

Preethi John: the metrics might favor a particular set of universities or a set of actions. So I think in decolonization. What we are trying to do is change the metrics. And we need to think

485

01:11:39.670 --> 01:11:43.439

Preethi John: about whether it be for academics.

486

01:11:43.610 --> 01:11:54.670

Preethi John: or whether it's for in terms of action that we are taking, what is the new set of metrics so that can change this discourse? Thank you, Alice.

487

01:11:55.430 --> 01:12:03.449

Alice Mutebi Kayongo: Thank you so much. Pretty. Bridget, I'll hand over to you for your last comments. 30 s to you, too.

488

01:12:04.310 --> 01:12:12.959

bridget malewezi: Thanks, Alice. As you're with. I was not able to finalize my call to action. Technical glitches happened

489

01:12:13.523 --> 01:12:17.423

bridget malewezi: mainly because, as I was presenting that there's various

490

01:12:18.790 --> 01:12:23.640

bridget malewezi: persistent disparities that are continuing in in global public health.

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01:12:24.122 --> 01:12:45.430

bridget malewezi: And maybe as unrelated to the the discussion we had about ensuring that that we provide leadership to those most affected by these disparities. Would. I would like to call on the participants to be able to to invest in local organizations and invest in women as well, particularly African women.

492

01:12:45.853 --> 01:13:09.999

bridget malewezi: Because, like, I said, it's important to that. We are those affected should be able to be at the forefront of make of of the changes that we want to see. So it's important for people to be able to to find out what what activities are happening, what organizations are doing and local organizations are doing, and if they're able to support them in whatever way they can, whether financially or with the resources.



493

01:13:10.350 --> 01:13:21.220

bridget malewezi: I see Ruth mentioning youth to yes, the youth. Not just women, but whoever's marginalized and most affected by by these disparities, as I mentioned as well.

494

01:13:21.260 --> 01:13:24.030

bridget malewezi: and being able to

495

01:13:24.090 --> 01:13:31.561

bridget malewezi: support them, some people are able to support with your time or your resources, your investments as well, and those are things that I would.

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01:13:32.670 --> 01:13:35.400

bridget malewezi: was part of my presentation that I didn't get right into. Thanks.

497

01:13:37.320 --> 01:13:44.640

Alice Mutebi Kayongo: Thank you so much, Bridget, and over to you, Marilyn, for your 30 s of your takeaway point.

498

01:13:45.990 --> 01:14:06.900

Mareli Claassens: So I would like to take a step back and and begin with myself, and say, if I have respect for myself, I can also respect others. So let's first try. Let's start with ourselves. Then we move towards the others which we know are all around us, but which are different from us, but which are all equal to us.

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01:14:07.310 --> 01:14:16.219

Mareli Claassens: And let's make sure that we focus on our shared humanity instead of othering the whole time. Let's focus on the things that really matter.

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01:14:16.854 --> 01:14:19.025

Mareli Claassens: Yeah, that's my 30 s.

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01:14:20.890 --> 01:14:27.659

Alice Mutebi Kayongo: Thank you. Thank you so much, Marilyn. We will focus on the things that matter. Indeed, Julieta, 30 s for you, too.

502

01:14:28.050 --> 01:14:36.630

Julieta Kavetuna: No, thank you very much. Unless. And all the panelists and the listeners the the people that join the webinar.

503

01:14:36.710 --> 01:14:38.880

Julieta Kavetuna: I really just want to.

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01:14:38.990 --> 01:14:41.389

Julieta Kavetuna: Our my take home is that

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01:14:41.450 --> 01:14:45.379

Julieta Kavetuna: we have a potential as a continent

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01:14:45.390 --> 01:14:48.050

Julieta Kavetuna: or the southern part of the world.

507

01:14:48.170 --> 01:14:55.600

Julieta Kavetuna: that we can change our own trajectory. And I'm requesting that our leaders.

508

01:14:55.820 --> 01:15:05.459

Julieta Kavetuna: our workers within the healthcare facility fraternity, should look at opportunities on how we can advance and expand

509

01:15:05.560 --> 01:15:06.893

Julieta Kavetuna: our our

510

01:15:07.880 --> 01:15:11.329

Julieta Kavetuna: or or how we can expand our our interventions.

511

01:15:11.360 --> 01:15:19.460

Julieta Kavetuna: and also how to work together as a continent to make sure that we prioritize health

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01:15:20.110 --> 01:15:21.590

Julieta Kavetuna: healthcare for all.

513

01:15:21.830 --> 01:15:23.650

Julieta Kavetuna: And

514

01:15:24.500 --> 01:15:28.680

Julieta Kavetuna: yeah, that's that's all. What I wanted to share with the people.

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01:15:29.980 --> 01:15:51.262

Alice Mutebi Kayongo: Thank you. Thank you so much, ladies, and just before I hand over to Jim I did see a question in the chat that I would like to respond to that is the privilege of being a moderator. You can get to respond to one or 2 questions, too. So this question is about, how about colonization in advocacy? How can we actually decolonize?

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01:15:51.986 --> 01:16:16.560

Alice Mutebi Kayongo: A a advocacy in global health? And I think this is 2 pronged one is going back to one of the issues that Julieta and Marilyn did touch on decolonizing our minds. First, those of us who are in the marginalized or you know, in the global South, I should say one is, you know, we need to decolonize

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01:16:16.560 --> 01:16:41.409

Alice Mutebi Kayongo: our minds and know who determines what the key priorities are. Who, then, is going to lead a campaign that is going to reach out to different policy makers? Would it be if I am Ugandan, and there's a Mega campaign on for example. You know, access to medicines. Who is going to lead this campaign? Am I going to lead

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01:16:41.807 --> 01:17:11.230

Alice Mutebi Kayongo: a Ugandan take the lead? Or am I going to leave to let someone from the global north actually take a lead? And if this person is from the global North. What, exactly is their interest? I think we need to distinguish between having allies, but also having the key affected populations being at the forefront of the advocacy that is being, you know, conducted that for me is a Me. Major

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01:17:11.230 --> 01:17:23.590

Alice Mutebi Kayongo: area to, you know. Start to Co. To talk about decolonizing in advocacy, and, on the other hand, from the high income countries or the privileged countries, what? What.

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01:17:23.590 --> 01:17:47.300

Alice Mutebi Kayongo: exactly, is interest when we are doing advocacy. And once we are clear on that interest, how then, do we partner with colleagues in the global South to be able to take a campaign or an issue forward rather than you know by passing and taking the forefront of a given campaign or a given issue. First is to ensure that we have.

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01:17:47.300 --> 01:18:11.670

Alice Mutebi Kayongo: We are working with the communities. And you know, empowering or enhancing the capacity that communities do have in order for them to take the discussion forward. I know that I am shooting when it comes to advocacy. I would go on and on. But I want to stop here and hand back to you, Jim, you ladies, Julieta Marilli, pretty, and Bridget for the

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01:18:11.670 --> 01:18:25.939

Alice Mutebi Kayongo: great conversation, and to the panelists to the to our audience. I know that this this discussion doesn't end here, we will actually continue, and I know Jim will say much more about that. Thank you once again and over to you, Jim.

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01:18:26.730 --> 01:18:35.270

Jim Pickett: Thank you. Thank you so much, Alice. Alice, you did a beautiful job moderating this discussion, many thanks to you. And again, thanks to all of our speakers.

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01:18:35.420 --> 01:18:55.749

Jim Pickett: Pre. T. Bridget, Morelli and Julieta. Please give them some love in the chat, or with reactions. We really appreciate you, sharing your wealth of knowledge and your wisdom and your passion. And I will say, speaking as someone who considers himself to be an ally, I think all of us who consider ourselves to be allies.

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01:18:55.820 --> 01:19:00.830

Jim Pickett: really need to check ourselves on the regular and really

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01:19:00.840 --> 01:19:04.499

Jim Pickett: do what you said, you know. Put

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01:19:04.800 --> 01:19:19.979

Jim Pickett: be mindful of who we put forward. Be mindful of where our priorities are and what all I ship means. It does not mean taking the lead. It means doing what the leaders want you to do. And and many times I think the people in the global north

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01:19:20.475 --> 01:19:40.190

Jim Pickett: take the lead. We give the funding and we run the show. And that is really problematic. And I think all of us who are in these positions need to check ourselves as much as possible all the time. So with that, said, We are at time. I wanna really thank again. Everyone for showing up are over close to 400 people who registered for this webinar.

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01:19:40.250 --> 01:19:48.469

Jim Pickett: The recording will be made available. You'll get an email in the next day or so. When that's available, you'll also get a copy of Folks' slides

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01:19:48.490 --> 01:19:54.260

Jim Pickett: and we'll have some. We'll have a resource document with some Urls you can check out as well.

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01:19:54.960 --> 01:20:00.510

Jim Pickett: I dropped in the chat the Avac px pulse

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01:20:00.570 --> 01:20:12.810

Jim Pickett: podcast. That focused on decolonization. It was just released yesterday. So a great companion to this discussion and to Alice in everyone's point, this is an ongoing bit of work.

533

01:20:13.139 --> 01:20:23.650

Jim Pickett: It will take a long time as long as it takes, as it turns out, will be a long time. It may be our work forever and ever and ever to undo all the damages that colonization has done.

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01:20:23.680 --> 01:20:34.729

Jim Pickett: So. This is the long haul. This is not even a marathon. It's an ultra Marathon. So strap up. We've got work to do, and I look forward to having more conversations

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01:20:34.750 --> 01:20:36.439

Jim Pickett: just like this one.

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01:20:36.650 --> 01:20:48.219

Jim Pickett: so I will now officially close the call. Thank you again, and good afternoon. Good evening. Good morning. Wherever you may be. Be safe and decolonize. Cho.

537

01:20:49.920 --> 01:20:51.609

Alice Mutebi Kayongo: Joe. Thank you, Jim.