

# Pandemics, Politics, and Privilege: The Good, Bad, & Ugly U.S. Legacy in Global Health

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Global Health Council Summit 2020 Final Report

## BY THE NUMBERS



577  
Participants



16  
Speakers &  
Panelists



21  
Advisors &  
Facilitators



18  
Staff &  
Volunteers

The theme of Global Health Council’s Summit 2020, held on November 19-20, was [“Pandemics, Politics, and Privilege: The Good, Bad, & Ugly U.S. Legacy in Global Health.”](#) Like many other organizations, GHC hosted a virtual summit this year due to the Covid-19 pandemic.

The two-day convening was an opportunity for deep reflection and dialogue about how we should approach U.S. global health investments and initiatives with a stronger focus on **equity, justice, and humility**. Over 550 attendees from around the world logged on to learn from a cadre of prominent global health leaders—and one another—about how national health programs can be driven by country strategies and domestic resources, rather than external donors or partners. Participants discussed how to **elevate and center local experts, strengthen investments in local public health systems, and ensure a forthcoming Covid-19 vaccine reaches low- and middle-income countries** without delay. There were also lively conversations about how the U.S. can continue to be a global health leader, despite its failures to contain the coronavirus at home. We walked away with a deeper commitment to shifting power dynamics and structural barriers in pursuit of health for all, worldwide.

## SETTING THE SCENE



[Loyce Pace](#), **President & Executive Director of the Global Health Council**, opened the event by recognizing Maeve Fahey Kennedy McKean—a prominent human rights lawyer and Executive Director of Georgetown University’s Global Health Initiative—who passed away unexpectedly in April. In addition, she called for a moment of silence to remember loved ones lost to the Covid-19 pandemic.

“As a global health organization, fighting a pandemic has been all-consuming and life-changing for a lot of us,” said Loyce. She also noted that 2020 has been fraught with news of racial injustices, global inequities, and a volatile political climate. “We felt that it was critically important that we have one, whole conversation with a number of these things in mind, recognizing the overlap between them.”

# PRIVILEGE

## UNPACKING RACE, PRIVILEGE, AND INTERSECTIONAL BIAS AS DRIVERS OF GLOBAL HEALTH POLICY

[Solomé Lemma](#), Executive Director of Thousand Currents, provided the opening keynote by focusing on how institutions and individuals can use “anti-racism” to move beyond the current colonial framework in U.S. global health. She began by praising Chancellor Angela Merkel for a recent speech, wherein she openly acknowledged the atrocities and violence perpetuated by Germany against the Jewish people. “It reminded me how many atrocities this country has perpetrated and, to this day, has never fully acknowledged,” she said. While we can’t force U.S. officials to confront the nation’s legacy of systemic racism, we do have the power to root it out within ourselves and our organizations. According to Solomé, we can start by acknowledging our own complicity, and then using an anti-racist lens to decolonize our work by:

- ▶ Being intentional in the language we use
- ▶ Compensating partners in the Global South at the same rate as their Northern counterparts
- ▶ Rethinking who we choose to hire, promote, and elevate as experts within our organizations

“I once heard that the opposite of exclusion isn’t inclusion; it’s decolonization,” said Solomé. **“We’re being called to create new ways of being, knowing, and doing.”**

Following the opening keynote, Global Health Council members were invited to participate in a discussion further exploring what being “anti-racist” could look like in global health. [Jamila Headley](#), Chief of Staff of the Center for Popular Democracy, introduced [PopWorks Africa Founder Stephanie Kimou](#) who gave a powerful presentation on how to decolonize international development. She prefaced her comments by saying white people should not be dissuaded from working in the Global South, however, they should understand how their presence can be triggering to local communities with a painful history of colonization. She made a number of recommendations:

- ▶ Pay local partners fairly.
- ▶ Cite the research of local experts.
- ▶ **Make indigenous ownership and leadership the standard—not the exception.**

**“What if we considered, in a more robust way, how local leaders are defining success, impact, and goodness? Make space and relinquish power ahead of time to let local people define what success means to them.”**

*– Stephanie Kimou, PopWorks Africa*

**“It’s time we interrogate how we can reorient power and money away from what makes the white gaze happy.”**

*– Stephanie Kimou, PopWorks Africa*

Stephanie also cautioned against using “poverty porn” to appeal to (mostly white) funders in the West. Instead of sending a foreign photographer to shoot photos of African children living in poverty, **consider hiring an in-country photographer, or, better yet, let communities tell their own stories.**

Lastly, she encouraged organizations to foster transparent partnerships that give both parties power at the decision table. When one partner is managing the money and the other is applying for funding, that partnership model is inherently unequal, she says. Institutions should ask themselves hard questions: Is only 5% of funding going to the people on the ground doing the actual work? Are you telling partners they can’t control the funds because you raised the money?

**“Can we ever call locally rooted people our partners when they aren’t making the final decisions about interventions impacting their own communities? Dream of a way to promote true partnership.”**

*– Stephanie Kimou, PopWorks Africa*

During a Q&A, a GHC member asked how we can move funders on the issues she spoke about. “We can’t always jump straight to the funders, because a lot of us can’t access that space. **Start with yourself and those within your institution and go from there,**” she responded.

Participants mentioned the need for those at their institutions to “**sit in discomfort and make the space for change,**” while taking immediate steps to tackle the “low-hanging fruit.” Another member stressed that more people in the global health community need to learn about anti-racism and decolonization to create widespread change. “If other people aren’t hearing and understanding it, it’s not going to work at my organization,” she said, “**and if our organization is doing it, but no other organizations are, it makes it hard to do our work.**”



**Solomé  
Lemma**  
*Thousand  
Currents*



**Jamila  
Headley**  
*The Center  
for Popular  
Democracy*



**Stephanie  
Kimou**  
*PopWorks  
Africa*

# PANDEMICS

## BUILDING BACK BETTER AFTER COVID-19... TO WHAT AND FOR WHOM?

In the session focused on pandemic preparedness, [Dr. Matshidiso Moeti](#), WHO Regional Director for Africa, provided a moving keynote that pointed out the inequities brought to light by Covid-19, both in the U.S. and internationally. For example, 1 in 1,000 Black Americans have died of Covid-19, compared to 1 in 2,000 white Americans. Meanwhile, high-income countries have safeguarded medical supplies, such as personal protective equipment (PPE) and tests, making it harder for low- and middle-income countries to fight the pandemic. As a result, the U.S. has administered 11 times as many Covid-19 tests as the entire WHO African Region, which spans 47 countries.

**“Critical supplies... have been a tremendous challenge for African countries throughout the pandemic, and this, I believe, has lessons for what we need to do in building back better.”**

*– Matshidiso Moeti, WHO*

Looking to the future, she called on governments and stakeholders to invest in equity and justice across all development sectors, engage communities before outbreaks occur, and improve supply-chain efficiency.

**“The Covid-19 pandemic has confirmed that we need to address inequities to achieve sustainable goals in health and development. We now need to walk the talk with global solidarity.”**

*– Matshidiso Moeti, WHO*



**Dr. Matshidiso Moeti**  
*WHO Regional Director  
for Africa*



When Covid-19 hit, the world was tested in unanticipated ways. In a panel moderated by **Project Zambezi CEO [Dr. Ngozi Erundu](#)**, experts weighed in on the global response, ongoing recovery, and our assumptions about readiness and resilience.



**[Dr. Jamechia Hoyle](#)**, Science Lead at Toeroek Associates, Inc, said wealthy nations can learn from how the Global South responded to Covid-19. **Despite media narratives that low-income countries would weather the crisis poorly, those predictions have not proven true.** Bangladesh, which supplied 6.5 million PPE gowns to the U.S., has a Covid-19 death rate nearly 20 times lower than the latter country.



**[Dr. Joanne McGriff](#)**, Associate Director of the Center for Global Safe WASH at Emory University, said she was heartened to see more collaboration between the health and wash sectors at healthcare facilities in low-income countries, where medical workers had sometimes struggled to access proper handwashing facilities prior to the pandemic. “My sense is that these collaborations... have implications that are far beyond this current crisis,” she said.



**Africa CDC Director [Dr. John Nkengasong](#)** said we need a different architecture to ensure our health security. He called for strengthening and empowering the WHO, while simultaneously strengthening national and regional public health institutions and structures. “If we believe that we are at war with this virus, then we have to approach it as if we are training an army of people.”



In Nigeria, the pandemic led to a successful strike among healthcare workers who were demanding PPE, training, and support. “The government responded and has continued to sustain the response,” said **DRASA Managing Director [Niniola Williams](#)**. “It gives us hope that we will continue to do these things going forward—that health workers will continue to realize that they have a voice.”

During the Q&A, one participant asked how the international community can counter the politicization of public health crises to avoid the type of situation that unfolded in the U.S. **Dr. Nkengasong** responded that we should protect public health by “building a fence” around the WHO to shield it from the politics, while **Dr. McGriff** encouraged countries to double down on the values of collectivism when trying to fight outbreaks like Covid-19. Another attendee asked how to balance requests for U.S. funding and resources, while also highlighting Covid-19 successes in the Global South. **Dr. Nkengasong** and **Dr. Moeti** both agreed that African countries must strengthen their own healthcare systems, so they aren’t beholden to the whims of international elections and friendly nations who hold the purse strings.

Members were asked what lessons might be learned from how countries in the Global South have responded to the pandemic. One participant said the private sector in Nigeria donated PPE and funds to help the government establish an infrastructure to combat the virus. **Bobby Jefferson**, a moderator and **Vice President at DAI Global**, said that, in Rwanda, a contact tracing system originally designed for HIV was successfully utilized for Covid-19 with support from the Ministry of Health and local communities. Other members had similar stories, recounting how West African countries quickly brought mechanisms designed for Ebola back online, and how Vietnam built upon a tuberculosis program to do Covid-19 contact tracing.

**“Populations who experienced novel viruses before were a bit more prepared, mentally, to deal with this. Countries that have dealt with SARS or MERS or Ebola knew who to turn to in those moments, and the U.S. missed out on a lot of those things.”**

*– GHC member*

In a breakout session moderated by **Dr. Christian Pitter**, **Director of Infectious Diseases and Health Systems at FHI 360**, participants stressed the need for clear, consistent, and unified messaging around pandemic response; the public should not only understand how to adopt public health measures, but also why those actions are important.

When asked how these lessons might inform countries in the Global North, one person said that countries like the U.S.—which contains multiple state governments—need to agree on one federal strategy to achieve a cohesive response to the virus. Bolstering trust in science and public health systems was another theme that emerged at multiple points during the breakouts.



**Bobby  
Jefferson**  
*DAI Global*



**Dr. Christian  
Pitter**  
*FHI 360*

## POLITICS

### THE FUTURE OF U.S. GLOBAL HEALTH: REIMAGINING INITIATIVES AND INVESTMENTS



In Thursday's final session on politics, country and community leaders gave their take on existing U.S. global health policies and how they perpetuate a culture of colonialism. In a pre-recorded keynote, [Congresswoman Barbara Lee](#) said, "We've seen inadequate healthcare systems that have been discriminatory, leading to disparities which have led to immoral rates of transmission and deaths of black and brown and marginalized people throughout the world." To repair the damage, she asked participants to join the fight to dismantle racism by increasing their advocacy efforts. She called on the global health community to **participate in elections, join peaceful protests as advocates, and let decision-makers know it's time for a power shift.** "If we do this, the privileged will understand that this is a new era. The old ways just won't work anymore." She ended the speech with a rallying cry from fellow congresswoman Ayanna Pressley:

**"The people closest to the pain should be closest to the power."**

*– Ayanna Pressley, U.S. Representative (MA)*



[Algene Sajery](#), Foreign Policy Expert and Founder of Catalyst Global Strategies, moderated the next panel, focused on reimagining U.S. global health initiatives in light of pandemics, politics, and privilege.



[Dr. Tsion Firew](#), Emergency Physician and Assistant Professor of Emergency Medicine at Columbia University, said the U.S. should follow the lead of countries like Ethiopia when it comes to representation in leadership. Ethiopia's government has a gender-balanced cabinet, inter-ministerial Covid-19 task force, and includes community healthcare workers at the decision-making table. She also stressed the importance of supporting sustainable, local solutions to country-specific problems.

**“U.S. solutions do not necessarily work for other countries. Most programs are very vertically driven, and, unfortunately, that’s not going to help with capacity-building in the long-term.”**

*– Dr. Tsion Firew, Columbia University*



**[Caya Lewis Atkins](#)**, Founder and Principal at Global DC Strategies, emphasized that girls and women should always have a voice in the programs created for them, as they know best what will help their peers and families. She also cautioned against efforts to sidestep multilateral global health organizations, like the WHO, which provide normative guidance upon which countries depend. “Creating parallel structures or new workarounds to deeply tested and tried institutions and relationships isn’t particularly wise.”



With many middle- and low-income countries outperforming the U.S. on the pandemic, the nation will have a difficult time preaching to others about governance, health, and leadership, said **[Travis Adkins](#)**, a U.S. Policy, Security & African Studies Lecturer at Georgetown University, whose grandmother passed away from Covid-19 four days before the conference. “I believe the time of [U.S.] healthcare exceptionalism has run out, if there ever was such a claim.”

As the discussion closed, panelists shared their hopes for 2021 and beyond; these included U.S. reengagement with the global health community, progress towards universal health coverage, more focus on multilateralism, amplifying the voices of the most vulnerable, and the successful rollout of a Covid-19 vaccine.

Following the session, GHC members reflected on the panel and on what the incoming Biden administration, U.S. Congress, and global health community should prioritize going forward. One participant suggested doubling U.S. investments in global health—which currently represent about 0.25% of the overall budget—over the next five years.

“Something that’s foundational to everything we do is resources... but U.S. investment has only increased by 9% over the last decade.”

– GHC member

Another member agreed, noting that domestic health resources should also be increased in order to fight Covid-19 at home, including emergency supplemental funding. Someone else was concerned that, without stronger political bipartisanship, the country will continue losing ground and further damage its global reputation. Others called for proper capacity and staffing at government agencies that have been understaffed throughout the Trump administration. To achieve some of these goals, members suggested:

- ▶ Identifying global health champions within the next Congress and connecting with them.
- ▶ Reengaging with the WHO.
- ▶ Crafting messages that appeal to Republican leadership.



# POWER & GLOBAL SOLIDARITY

Friday morning's "Fireside Chat" focused on helping global health practitioners find power in their collective action and envision a new way forward for global health. The gathering began with an insightful Q&A between moderator [Lori Adelman](#), Vice President of Influence & Engagement at Global Fund for Women, and [Winnie Byanyima](#), Executive Director of UNAIDS.

## What does it mean to be anti-racist in the fight against HIV?

Diseases like HIV and Covid-19 thrive on inequalities; therefore, **fighting inequality is key to fighting epidemics.**

**"To be anti-racist is to say: let's look at everything—the systems, the structures, the policies, the rules, who is at the table—and examine them for racial equality. You challenge everything."**

*– Winnie Byanyima, UNAIDS*

## How can we keep fighting HIV successfully during Covid-19?

It has been a challenge, partly due to HIV services being appropriated for the pandemic response; however, Winnie has been inspired by stories of community members **coming together to ensure HIV-positive neighbors get treatment.** "We've seen young men getting on their bicycles and going against lockdowns, risking their lives, to go and get ARVs and... supply them to their friends, neighbors, and communities," Winnie Byanyima said.

## What role does education play for women and girls when it comes to HIV?

If a girl can stay in school through secondary school, she will reduce her risk of contracting HIV by 50%. For this reason, universal secondary education should be the norm in African countries, she said. **Winnie's advice for the incoming Biden administration was to support the WHO and to place equality and human rights at the center of its global development agenda.**



**Lori Adelman**  
*Global Fund for  
Women*



**Winnie  
Byanyima**  
*UNAIDS*



The final panel of the conference featured a globally diverse cross-section of movement leaders who reject the status quo and engage in creative, visionary models of transnational solidarity in their global health practice. Moderated by Women in **Global Health Deputy Director [Sarah Hillware](#)**, the conversation touched on how we can bring a rights-based approach to global health work.



**[Dr. Tlaleng Mofokeng](#)**, UN Special Rapporteur at OHCHR, said it's not only critical to be anti-racist, but we must also work towards the restoration of people's dignity—this means asking what dignity looks like to them, rather than being prescriptive.



**[Dr. Joannie Bewa](#)**, Physician and Sexual & Reproductive Health Researcher at **Women in Global Health**, pointed out that 83% of the global population comes from low- and middle-income countries, yet only 5% of global health leaders come from these nations. While meeting quotas for diversity may be a start, she said it's equally important to share power with those invited to the decision table.



**[Rosebell Kagumire](#)**, Curator & Editor of **AfricanFeminism.com**, said working as a journalist in Uganda made her realize that people in the Global South have long been victims of racist media coverage, particularly when it comes to the portrayal of black women as transmitters of disease.



When asked how to get funding into the hands of people of color, **[Rashida Petersen](#)**, a **Regional Director at Global Fund for Women**, said the answer is not a complicated one: “Just fund Black, local initiatives on the ground. It really is that simple.”

**“The story has always been told by a white male, largely targeting a white audience. It’s very, very important that we interrogate who is speaking on whose behalf.”**

*– Rosebell Kagumire, AfricanFeminism.com*

For those who may not know where to start, she recommended [BlackPhilanthropyMonth.com](https://www.blackphilanthropymonth.com) as a helpful resource.

The panel concluded with participants exploring ideas amongst themselves and reporting back with their findings. Many takeaways echoed points made throughout the conference:

- ▶ Ask Black staff for their input on how to make structural and systemic change within their organizations, and then create real space to implement those changes.
- ▶ Listen to communities that are affected to better understand what the issues are before prescribing solutions.
- ▶ Foster equal partnerships.
- ▶ Call out disrespectful behavior.
- ▶ Overcome personal and political biases.

The final meetings of the summit were invite-only roundtables on the topics of U.S. government policy and CEO equity. The policy discussion—which was attended by U.S. government global health implementers and key Congressional staffers—touched on lessons learned from the field and implementation strategies for operationalizing GHC’s Big Ideas recommendations. Participants had a number of suggestions for the incoming Biden administrations, including:

- ▶ Provide flexible financing for health systems.
- ▶ Rebalance priorities and power structures to ensure health systems are prioritized.
- ▶ Recognize the Global Health Security Act bill passed by the House of Representatives.
- ▶ Collect data on health workers’ specialties and locations, so they can be deployed to high-need areas.
- ▶ Spotlight how global health investment benefits U.S. citizens. (Americans are more likely to die from an epidemic than a military action.)
- ▶ For greater leverage and impact, Congress should incentivize combining public health funding and integrating siloed programs.
- ▶ Promote agency cooperation in legislation and require interagency accountability.

In the CEO session, an intimate group of global health executives discussed what's needed to address inequities in global health leadership and programming. Participants were asked how they tackle racial justice through their work and what lessons they have learned. Moderator and **BridgePeople Founder Itzbeth Menjivar** summed up some of the main takeaways:

- ▶ To maintain their seats at the decision-making table, Black CEOs need to “speak more than one language” in order to connect with colleagues from different backgrounds and navigate the discomfort of their white counterparts.
- ▶ There is a lot of work happening surrounding racial equity in the workplace. Still, white women tend to be the biggest beneficiaries of diversity efforts. Workplaces need to focus on racial and ethnic diversity, as well as gender diversity.
- ▶ Black CEOs often find themselves the only person of color in the room, creating a sense of responsibility to serve as ambassadors, as well as role models.



## IN CONCLUSION

[Loyce Pace](#), **President & Executive Director of the Global Health Council**, closed the event by thanking participants for coming together and sharing their insights with the community. She then opened the floor to co-organizers to share their final takeaways:



[Crystal Lander](#), **Executive Director of Global Affairs at Pathfinder International**, said the U.S. is accustomed to being a front-row leader on global health, but the conference made it clear that sometimes being a leader means stepping aside and learning from other countries.



**BridgePeople Founder** [Itzbeth Menjivar](#) noted that “racial equity is fundamental to basic public health—and we have, not just the opportunity, but the obligation to do better.”



[Bobby Jefferson](#), **Vice President at DAI Global**, indicated that Africa and the Global South need the resources to strengthen their own systems, rather than outsourcing their health security to others.



[Angela Bruce-Raeburn](#), **Global Health Advocacy Incubator’s Regional Advocacy Director for Africa**, spoke about discomfort. “Let your discomfort allow you, when you go back to work, to challenge what’s happening in your organization—to ask those tough questions; because that discomfort will allow us to see change.”

## WHAT'S NEXT

The game-changing events of 2020 made the conversations at this year's summit more relevant than ever. What we heard from our speakers and participants further reinforces what we already knew: the U.S. needs a new approach to global health.

To achieve universal health coverage and meet the broader goals of the 2030 agenda, U.S. government programs need updated narratives and partnerships, while policymakers need to commit to integrated, country-based investments. Through conversation and consultation with our members and partners in the field—many of whom attended this summit—we have proposed three pillars of action for 2021 and beyond, which are outlined in [GHC's New Vision for Global Health](#). As we head into the new year, we are focused on furthering this new vision, working to improve efficiencies and outcomes, ensuring against global threats, and stimulating vibrant and growing economies.

We recognize that pandemics, politics, and privilege are only part of the puzzle to ensuring that we create a more inclusive path to achieving global health. As we continue our efforts in this space, we will work to elevate the voices of those at the frontlines, our colleagues in academia, and the larger community for equity in public health. We invite you to learn more on our [website](#).

Please stay involved by [subscribing](#) to GHC's weekly newsletter to receive the latest global health news and events. Also consider [becoming a member](#) to take advantage of several resources, including partner collaboration through the GHC-led advocacy groups and the use of curated advocacy resources from GHC's Advocacy Hub. We also encourage you to engage on Twitter using [#DemocratizeGlobalHealth](#).

Thank you to our sponsors, advisors, staff and volunteers for helping to bring this important conversation to fruition.

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