



PODCAST TRANSCRIPT

Decolonizing Global Health: Dr. Madhukar Pai and COMPASS Africa Tell Us Why and How

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Jeanne Baron: As the world evaluates the pandemic response and debates on decolonizing global health gain momentum, equity in global health has never been more urgent. In this episode of PxPulse, we will be talking about why and how the decisions that shape global health must be made by those facing the greatest risks. Later in the conversation we will hear from Dr. Madhu Pai, a leader in global health and one its most vocal critics. But first two members of the Coalition to build Momentum, Power, Activism, Strategy and Solidarity, or COMPASS Africa are joining us for close look at how this transnational civil society coalition is pioneering new approach to leadership that decentralizes power.

Launched in 2017, COMPASS supports more than two dozen member organizations....in Malawi, Tanzania, and Zimbabwe, to undertake high-impact campaigns, in their countries, to advance HIV prevention. From the start, COMPASS planned to transition leadership from AVAC (a US-based organization who served as the secretariat and primary grant-holder, initially) to organizations based where the work actually happens. In January, COMPASS took this step.

Tanzania's Francis Luwole and Zimbabwe's Barbra Ncube helped navigate the coalition through this two-year process, which has resulted in Pangaea Zimbabwe becoming the new secretariat and they hold the primary grant relationship with donors. COMPASS members also developed a new, participatory approach to the governance of the coalition itself.

This involved strengthening guidance on operations and coming up with an approach to leadership based on power-sharing — a goal that COMPASS envisioned at its founding.

So, Barbs and Francis, COMPASS has had a lot of success in its campaigns:

- Fighting for community-led monitoring of essential HIV programs, to ensure the programs are effective
- Changing consent laws to make it easier for people to get HIV services
- Securing money for programs designed to reach stigmatized populations.

A lot of success under the old structure, so tell me why a change to this new structure, with Pangaea Zimbabwe at helm was needed? Barbs, let me start with you

Barbra Ncube: I think, the intention is very clear even in the name, COMPASS Africa. So, it's the coalition to build momentum, power, activism, strategy and solidarity in Africa. So even from the onset, the plan was for African civil society coalitions to take a lead in the advocacy to strengthen the HIV response within Africa. And the Transnational Coalition, in its formulation, was intentional. The global North partners were able to share tactics, were able to share strategies, were able to elevate the advocacy campaigns. So, in many ways, they brought in an aspect of technical support that we may not have had as African partners at the time. And they built capacities in different ways, such as understanding data, how to engage global platforms, how to escalate advocacy tactics. What does a win look like, how to push business unusual agendas, such that African partners, African activists and advocates could stand in spaces and truly understand and interpret their own context and their own data? And over time, that transference of knowledge was supposed to empower the African civil society coalitions to run this race.

Francis Luwole: We really needed AVAC's leadership to put all these together in collaboration with other partners. But, eventually, after putting everything in order, the change was necessary. And the other key reason that aligns with the big vision of Compass Africa is to lead by example. Part of our focus areas is pushing for community leadership in the HIV response and generally, decolonization of global health. Therefore, we had to demonstrate that within the structure of our coalition. Because mainly the advocacy works of our coalition are carried out in Africa— hence for sustainability, having African-led organization leading the initiative means a lot.

Jeanne Baron: Very clear I and I especially I'm picking up on so there was, you know, transfer of knowledge. But also a deep, deep desire to model the demands that you're making for investment in community leadership. Show how it's done. COMPASS Members undertook a careful multi-year process to prepare for this transition. Why? What did that involve and why did it need all this time?

Barbra Ncube: It was definitely necessary to take time because this was a co-creation. And as you might imagine, co-creating something requires everyone's voice and requires everyone's input. Requires, inclusivity. Requires a chance for everybody to be at the table. And that in itself requires very intentional processes that allow people to think about 'how do we want to work together as a coalition?' We had to take time to think through all of that, and because it required so many people at the table, it meant that we had to break away into small working groups, really think through this, over time, systematically. And I think we did well to take time because there's a strong sense of buy-in within the coalition around this transition that we're in right now. It's something that we're all ready for, and it's something that was definitely necessary to take time

because this was a co-creation. And as you might imagine, co-creating something requires everyone's voice and requires everyone's input. Requires, inclusivity. Requires a chance for everybody to be at the table. And that in itself requires very intentional processes that allow people to think about 'how do we want to work together as a coalition?' We had to take time to think through all of that, and because it required so many people at the table, it meant that we had to break away into small working groups, really think through this, over time, systematically.

And I think we did well to take time because there's a strong sense of buy-in within the coalition around this transition that we're in right now. It's something that we're all ready for, and it's something that we're all prepared to contribute to, and we really look forward to demonstrating that this actually works, that when you talk about decolonizing global health, it's not just talk, and talk that is cheap. Because I know at some point people have been asking, 'did AVAC really, really decide to hand this over?' It almost feels like, 'is it really possible?' And you are saying 'it is possible.' Because even in that time, AVAC took a very leading role in supporting partners in that transition, in that decision making, in the sense that when it was time to determine who would take on the leadership in the next phase, they were able to hold hands with Pangaea, for instance, at that point and work with them intentionally, providing guidance as to how they've done things previously.

Just having that support and just having that sincerity was everything. So, time was essential, and time remains essential even as you watch this coalition unfold in this new era. We're all prepared to contribute to, and we really look forward to demonstrating that this actually works, that when you talk about decolonizing global health, it's not just talk, and talk that is cheap. Because I know at some point people have been asking, 'did AVAC really, really decide to hand this over?' It almost feels like, 'is it really possible?' And you are saying 'it is possible.' Because even in that time, AVAC took a very leading role in supporting partners in that transition, in that decision making, in the sense that when it was time to determine who would take on the leadership in the next phase, they were able to hold hands with Pangaea, for instance, at that point and work with them intentionally, providing guidance as to how they've done things previously. Just having that support and just having that sincerity was everything. So, time was essential, and time remains essential even as you watch this coalition unfold in this new era.

Jeanne Baron: I'm hearing a couple of key components. One; getting buy in from everybody. Two; setting a very clear intention about that inclusivity. Another key point...that as AVAC was relinquishing one kind of leadership, they were showing another kind of leadership in how to support...hold hands in Pangaea as you put it, when needed...as in 'We're here if you need support but you are in charge...' that's what I'm hearing you pull out as important values that got COMPASS in position to do this. Also, Francis, you mentioned the governance manual, a critical tool for building out the transition and noting that the manual will continue to evolve. Can you tell me what was

the hardest part of this process, where was it difficult to find consensus or trust, the pinch points and what you're watching as you put this all into action?

Francis Luwole: In my opinion. Making the decision on which African led organization to take over after AVAC was not easy, especially as we have grown to have quite a number of qualified African led organizations within the coalition.

This decision was jointly made by our partners through a survey conducted by an independent consultant that showed that more than 70% of COMPASS Africa partners were in agreement with having Pangaea Zimbabwe take over after AVAC. However, in our governance manual, it is clearly articulated that all other African-led organizations have an equal chance to also take over the leadership role in the future and the existing secretariats, or the grant holder will be assessed after every three years, and changes may be made whenever deemed necessary.

Jeanne Baron: So, taking the time with the transition was an important tactic for success, it gave coalition members an opportunity to identify concerns and talk it through and be reassured. And in your greatest hopes, what does it mean for the campaigns ultimately? I mean, I'm imagining that part of the reason you wanted to do it isn't just to prove that you can, but that the campaigns are going to get even stronger because of it.

Francis Luwole: You know, in Swahili you have this proverb which says "Swahili phrase here " which translates to 'the one wearing the shoes knows where it pinches'. It emphasizes the idea that only the community directly experiencing a situation truly understands its challenges, and what needs to be done to address that. It is therefore significant to have Africa lead the world in making critical decisions, like highlighting what the actual key priorities in HIV response and other related pandemics. We need to be entrusted by the world to influence how resources are channeled and come up with tangible solutions.

Barbra Ncube: So this is definitely going to show that things are going to evolve and become better, hopefully. The good news about this is COMPASS Africa remains a transnational coalition. I think what we really need to put out there, that the roles have just shifted. So, it's not like we don't need Global North partners anymore. We remain COMPASS Africa because, from the onset, we're born together and we're building this out together. The role has changed, and I think it's time to really demonstrate that African centered activism, African-centered advocacy, actually works and can produce results in real time and results that address the problems on the ground in that moment.

Jeanne Baron: And when it comes to this leadership structure serving as a model, potentially, what are your aspirations around that? I'm especially thinking about some of

provisions in the governance manual you mentioned earlier that empower members, a lot of structure to keep the governance accountable to the members.

Francis Luwole: The structure or the model we have is one of the best governance structures that can set a good example to other similar advocacy coalitions and organizations in Africa. That means. Compass Africa, we've also paved the way for African-led coalitions and organizations. Because most of the partners before thought that there was no way they can be entrusted by donors like Bill and Melinda Gates to lead initiatives like this of COMPASS Africa. I can say that this was an important step we've taken to remind African-led organizations we are working with, and the ones within the coalition, of their leadership power, and influence they have in the global health space.

And I urge African-led organizations to understand their position in global health and claim it by acting accordingly. And also other organizations based in the US, Europe, and across the globe, to have this understanding by entrusting the capacity of African-led organizations. Donors need to support these organizations. It's possible to put Africans in the front. And it does not mean that we no longer need the support from other countries, or they are not important. No. It's joint work. But we need to put the most affected in the front while others support where necessary.

Barbara Ncube: Letting communities lead means we fund communities. Letting communities lead means we trust them. I think letting communities lead is trusting that there is expertise, even in Africa, and believing that that expertise will deliver strong health outcomes, not just for HIV. So I think if you are a funder, an activist, an advocate, it's time that we're truly sincere about letting communities lead.

Jeanne Baron: COMPASS Africa is providing a much-needed model that should be closely watched. Can these efforts be the start of a sea-change in global health, where transparent governance, with power in the hands of communities is the norm, not the exception? Dr. Madhu Pai joined us to widen this question. Dr. Pai is a Canada Research Chair of Epidemiology & Global Health at McGill University and Co-Editor-in-Chief of PLOS Global Health. And a frequent contributor in the media on equity in global health, with bylines in the Lancet, HuffPost, STAT, Devex, and Scientific American, among others.

He has been a vocal critic of the vast machinery for delivering healthcare, from research to rollout, for its control by rich countries and for its failures.

Dr. Pai thank you for joining us.

Madhukar Pai: Thank you for having me.

Jeanne Baron: There's many ways to measure inequity in global health. Here's a few statistics that paint the picture— of \$35 billion invested in medical research in 2022,

less than \$4 billion was spent on major global killers such as TB, malaria, which mainly hit people in the global south. CEO and board chairs among 372 leading global health orgs are 66% men, 77% from rich countries, 83% with degrees from rich countries. COVID vaccine disparities are heart crushing reminders of these extremes: in 2022, barely 15% of the population in poor countries had received a single dose, but multiple doses per person were available in rich countries. Dr. Pai what do you track to understand the trend, the direction, whether it's getting better or worse, in global health.

Madhukar Pai: Well, I think the biggest, worrisome inequity, the mother of all inequities, as I call it, is the economic inequities. Every year around Davos, Oxfam puts out their global state of inequity report. And every year things are getting worse and worse and worse. A handful of rich men own as much wealth as 50% of the world's population of 8 billion. And even as millions have become poorer during the pandemic, they have pretty much doubled their wealth. And that extraordinary amount of wealth concentration results in dramatic shifts in who gets a say in global health, who sets the agenda, whether it's Davos or whether it's donors and how far they are from having lived experience and how far they are from where the real genuine problems are. And this in turn translates to where global health organizations are headquartered.

Typically, in the US or Europe, who sits on these boards? Just mostly people from the global north. And most of the organizations are run by men from the global North. And needless to say, much of the money that is given out as global health, the donor moneys or aid money or grants, primarily go to organizations within these wealthy countries. So much of U.S. aid money goes to American contractors. Much of UK Wellcome Trust money goes to British groups, so on and so forth. Then percolates all the way across the chain in terms of who gets to publish, who wins awards, who gets to speak at conferences, who gets to be an editor. So this is why when we say global health is neither global nor diverse, this is exactly the data that underlies that statement.

Jeanne Baron: And what are the health outcomes of this concentration of wealth and power? What does it mean for people in their daily lives?

Madhukar Pai: Well, the fact that in a one-in-a-century catastrophic global pandemic, we completely abandoned millions of people who couldn't even get a single shot of Covid vaccine, to me, is the ultimate reflection of how skewed this world is and who holds the power. The richest nations in the world, including mine, Canada, and we have

published about this, hoarded vaccines when it was needed the most. Too little, too late was done to provide vaccines to low- and middle-income countries. And we did not even back the request from 100 plus countries to waive the intellectual property so that they could manufacture their own vaccines and save themselves.

And the fact that even this year, this very minute, that as a pandemic accord is being negotiated, there is a widespread gloom in the global health world that the pandemic accord is not going to be worth much. Because all of the required equity clauses, mandatory sharing clauses, everything that we've learned from how messed up the first pandemic response was, have all but been diluted and edited out by the richest global North countries. Lancet just put out a commentary on their cover page that a handful of rich nations are pretty much sabotaging this entire pandemic accord, and the equity that is supposed to be a part of it.

So the fact that even after three, four years of the pandemic, even after the egregious mistakes that we made, the fact that the rich nations are essentially able to veto everybody else on critical things like access to lifesaving medicines is, to me, the strongest indication that I do not expect anything to be different in the next pandemic. Holding, not sharing, basically bullying techniques and the big pharma running all over, I mean they are in complete collusion with the leaders of global north countries, which is why they are editing out all equity clauses. And this isn't just speculation. This is actual data based on the lobbying efforts by big pharma. So I'm terrified if there was another pandemic, whether we will do anything different than the disastrous response this time around in terms of inequities.

Jeanne Baron: You mention big pharma and the role of the US government and I'm also thinking all the many institutions that lead global health—and many of them, in the last few years, started to talk about greater equity and even decolonizing global health. There's a lot of statements, there's a lot of committees. There's been some more diverse hiring. Is there a possibility here, has there been a moment when you thought these actions could lead to more?

Madhukar Pai: I must say, for a while I felt hopeful because in around middle of 2020, as you know, after the murder of George Floyd, you know, every organization put up pledges on equity, diversity, inclusion, anti-racism, and all sorts of, nice statements came out from everyone. There was some effort to do DEI or diversity hiring and stuff like that. And then there was a MeToo movement. And women in global health

movement, decolonizing global health, all of these movements were kind of coming together in some ways, all kind of learning from each other or feeding each other.

But in 2024, we can pretty much see that even performative DEI, which is not even serious to begin with, is already being dismantled in many, many parts of the world. United States in particular. And I'm not even sure of anybody serious about anything that they said after George Floyd's murder. So from that perspective, it does look extremely difficult. For a while there was some hope. I'm not sure anymore. I think sharing power or giving up power is not something that comes naturally to anybody with power. As the famous saying goes, power does not see power. I think there has to be a demand from those who are being denied power and equity to take control of their own agenda, to self-determine their own destiny, and to be self-sufficient.

Now that I think is one of the strongest rays of hope. For example, in Africa, CDC says we need to make our own vaccines on our continent, right? On our soil, medicines. That, to me, is what I really look for. That is where I get my inspiration from. Or when India shares vaccines with, you know, rest of Asia, wherever South-South solidarity, right. Support from within the South, the way South Africa stood up to support Palestine, right.

These are all real examples where South-South solidarity and a much stronger, determined global South is what's necessary, because I don't honestly expect global north to wake up one morning and give up that power. That is never going to happen. It has never happened in the past. There is no recognized time in history when that has happened that the power has ceded power willingly. And so we should not expect that to happen, to be honest. So decolonizing global health is impossible from that perspective. I certainly don't see it after everything I have seen during the pandemic. The pandemic was the wake-up call. It's the ultimate opportunity to do something different and the global north failed miserably. So, if that didn't change anything. It's all nice to say, you know, they need to give up or share power, but it simply will not come to them naturally. They have to be forced to do it.

Jeanne Baron: Understood. Let's drill down to smaller-scale actors where there are North South collaborations. And some of them trying to pioneer new ways of doing something, such as COMPASS Africa. What is the potential for innovation at this level.

Madhukar Pai: Yes. So when I give these sorts of talks, I always try and include some positive examples, right. Because I myself am looking for hope and inspiration. Right?

So, for me, one positive hope would be if and when the Africa region starts manufacturing their own vaccines and medicines, I would be celebrating this as an immensely important step in the right direction. Global health funders, for example. Some of them are explicitly talking about moving more money to the Global South, actors or communities that are directly impacted.

And, you know, whether they call it localization or whether they call it something else, if they can shift more of the grants and grantmaking directly to affected communities and partners in the global South, that would be incredible. And I think there is some hope on that front. There are organizations, and here I use the IPAS as an example. IPAS is an international NGO that works on reproductive and sexual health. And IPAS is moving away from a US-centered, power-centered model to sharing power to their country offices and essentially decentering from the global North. I think decentering from the global North is the right model for global health. And I was delighted to hear about COMPASS that AVAC and others are working on to move your secretariat to Zimbabwe. I think this is the right model, divest, decenter and basically share power.

Jeanne Baron: Let's talk about that more. Divest, decenter as a model for North/South collaboration. How do you do that right?

Madhukar Pai: So, a genuine decentering means not headquarters in New York or not headquarters in London, or hiring one Black person, one brown person. No matter how nice it looks on paper that is not genuine de-centering of power, right? The decentering of power means we have to be able to say they don't need to come to us for every damn thing to be approved. If it is, then you generally have not decentered anything. If everything has to be signed off in Boston or Seattle, I'm sorry, that is not decentering and it's not even to be called that. So I think that's important. Secondly, and this is an experience that they've learned over two years of hard work in the journal that I'm co-editor in chief of, PLOS Global Public Health—we need to ensure diversity right at the leadership level because you can diversify all you want at the lower levels of the organizations.

But in the end, who signs off is the person sitting in the global North, which could well be a white man. So, we made sure that diversity at the leadership level. And then we made sure more than 70% of our section editors are women, 50% on the global South. And among the 600 700 editors that we have, half are based in the Global South. That is hard, intentional, two years' worth of work to get there. And we do it on a daily basis. In

other words, every time we even commission an article we are asking, 'Are we platforming the same people in the Global North again and again and again, right? Are we really inviting people from the community, those who would normally never make it to a journal. Never get invited to speak, but they are the ones who have lived experience.' How do you reverse the trend of platforming ourselves, global north folks, our ideas and our organizations, to platforming Global South, indigenous organizations, communities that are most impacted.

And that I have learned after two years of hard work, I promise you, it is extraordinary level of effort if you want to follow that path. It is not one that I would recommend to anyone to do lightly. So in other words, it's easy to say DEI and what not. Walking that path is brutally difficult and that is why most organizations say all the right things but do nothing in the end, because they don't have the courage to follow up what they are saying. And courage takes a lot of risk and time and effort.

Jeanne Baron: So what's the key to success in this. If it takes great effort, great commitment, what sustains you and what do you turn to, principles or tools, that make it possible to succeed?

Madhukar Pai: So it's that you got to kind of start with great clarity on what you intend to achieve. For example, if you say 50% of the grants given by us will go directly to Global South communities, if that's an intent, you just work very hard to make that happen. Everything that you say, you got to have the courage to follow up on. Otherwise, there's no point in making blanket statements. The best practices would be a written statement of intent right at the start. In other words, if you are fuzzy in your original opening statement, then there's no way for anyone to hold you accountable. I can't say, for example, 'Our granting agency will try hard to be inclusive.' What the hell does that mean? It means nothing. Instead, if you say 'We are putting out these metrics that we will be judging ourselves and you can hold us accountable on the basis of those metrics.' So if you say 50% of our grants will go directly to impacted communities in the global South by the year 2025. Ask me at the end, I should be able to give you that proportion. Is it 43, is it 21? Is in 19. Is it zero? Whatever it is, I should be able to tell you? I should be able to show you my budget. Somebody said this beautifully. DEI means nothing if there's no budget to be changed to back that DEI. If much of your money is going to global north partners or to communities in privileged places, then that budget will show. It will not lie. Budgets don't lie. So if somebody asked me what proportion of your editors are in the Global South, I should be able to tell them. If somebody said, what proportion of your authors are in the Global South, I should be able to tell them. Measuring and repeatedly measuring. So it's not a one-time deal. This is like a lifelong

deal. Whoever is in my role, I may not be an editor-in-chief tomorrow. Whoever takes over from me they will have to carry this intentionality and this ability to track what is going on. The minute you stop working at it [DEI], it tends to revert back to everything they've done in the past. Again, it will end up in Boston, Seattle, London. Again, it will end up with people with privilege. Again, you will see a complete skewness in how all the numbers will fall apart. So you got to keep on at it and it never stops. Because there's no end point or an end date to allyship. If you want to be good allies, you got to be in it for life.

Jeanne Baron: And what do we stand to gain?

Madhukar Pai: If we care about ending Aids, then we need to platform communities that are being decimated by this infectious disease. If we care about ending TB, power needs to rest with countries with the highest burden of TB. This is the only way we will finally achieve what we claim to be fighting for. We often say we want to end HIV, we say we want to end inequities, and yet we don't understand that us holding on to power is doing the opposite. It is perpetuating inequities. So, if we even care about achieving our own set goals, then it is in our interest to step back and share power and be allies rather than the ones running everything.

Jeanne Baron: COMPASS members and Dr. Pai are part of a small but growing movement to do the painstaking job of making power sharing work. These are vital, necessary experiments to break free from old ways of doing business that have left most of the world stranded while only the privileged few enjoy the benefits of science. This work needs champions, it needs your support. To learn more about the COMPASS model for decolonizing global health watch out our blog, title *South-based Leadership and Global Health; A Journey of success, growth and change for the COMPASS Coalition* and find additional resources by going to Px Pulse at AVAC.org. Thanks for listening, I'm Jeanne Baron.