



Renewing Relationship

BUILDING A NEW CULTURE OF GLOBAL HEALTH:
A COVID-19 PERSPECTIVE



INTRODUCTION

The global nature of the COVID-19 pandemic offers an unprecedented opportunity for those of us involved in global health to look at current philosophy and practice.

We've had a universal experience of isolation, of shortages, fear and new rules. How might those shared realities help us consider new ways to renew our solidarity with our partners in low- and middle-income countries and to assist us as we build something different through our global health strategies?

“The pandemic is a crisis and we do not emerge from a crisis the same as before: either we come out of it better or we come out of it worse. We must come out of it better, to counter social injustice and environmental damage. Today we have an opportunity to build something different,” said Pope Francis.*

In order to come out better, we will need to identify where breakdowns occurred when travel was banned and consider if new paths need to be created. Many public health and access challenges have become more evident, requiring lengthy research and analysis, but, overall, how do we emerge from quarantine with greater meaning and purpose? What are we learning from all that is happening amid this global pandemic?

The following essays are an offering to set the stage for collective consideration of how the complexities and challenges of the pandemic create an opportunity for us to rethink, reset and renew our global health relationships. While COVID-19 and the isolation we have experienced inspires more questions, they provide us with renewed hope and inspiration to do it better in the future. We hope you will take this time “apart” to reflect on our future opportunity to be brother and sister to our global neighbors.



A handwritten signature in black ink that reads "Bruce Compton". The signature is written in a cursive, flowing style.

BRUCE COMPTON

*Senior Director, Global Health
Catholic Health Association of the United States*


*From Pope Francis' General Audience on Aug. 19, 2020.



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BY CAMILLE A. GRIPPON

he practice of global health is bountiful in terms of groups, agencies, institutions, organizations and independent actors addressing a myriad of focus areas related to specific diseases, outbreaks and emergencies on any given day. The free movement of people, information and resources across national boundaries was naturally expected for those practicing global health interventions. At least it was, until COVID-19.

COVID-19 has challenged many global health experts, and has further revealed that there are many cracks in the practice and execution of global health that require optimizing. This unprecedented time gives the opportunity to all involved in global health practice to examine breakdowns during COVID-19 and envision new paths toward a post-COVID-19 reality.

Global Health: A Matter of Justice

The literal definition of global health is an “area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide.”¹ The word equity is embedded in its definition and is perhaps a reason to pause to appreciate its deeper meaning. Equity is a matter of justice. Therefore, to attain “equity in health for all” implies that regardless of race, creed, sexual orientation,

nationality, social, political or economic status, all people in the world should have the potential to achieve their full health. All people.

For those who practice global health interventions, the definition conjures up an ideal that we are all united under one common home, the *globe*; and for one common cause, *health*. When disease strikes only one nation or geographic region at a given time, perhaps that ideal is easier to follow than during a global pandemic.

Regrettably, in some countries like Peru and Haiti, many communities and families are fending for themselves.

Global health is a matter of justice and a pandemic requires a unified global response. In a July 13, 2020 appeal, the WHO Director General, Dr. Tedros Adhanom Ghebreyesus, called for global unity, solidarity and a cohesive global response to COVID-19.² Regrettably, in some countries like Peru and Haiti, many communities and families are fending for themselves.

In Peru, the first case of COVID-19 was reported on March 6, 2020. By April 2020, there were widespread shortages of medical gloves and masks due to exports of supplies being delayed or re-routed to other countries.³ The prices of these essential products not only increased six-fold but “market manipulation was widespread, with stocks frequently sold to the highest bidder.”⁴

This major breakdown in the lack of global coordination and early commitment from industry and governments to increase manufacturing led to a sharp decrease in the ability of countries to cohesively respond to the crisis and also lead to the sharp increase in black-market solutions. For example, oxygen is a scarce resource in the fight against COVID-19 in Peru. Desperate families are turning to the black market to purchase oxygen from informal vendors at a 1,000% markup.⁵ Similarly, in Huancayo, Peru a private company with a troubled history in that region is now purchasing oxygen for the families of COVID-19 patients. According to Sr. Rosalinda Pajuelo, former Country Leader for Peru for the Congregation of Bon Secours (CBS), the company is “taking advantage of human suffering. They purchase the oxygen today, and tomorrow the company will ask for a payback from the community to continue corrupt operations in their towns.”⁶ In Piura, Peru, family members of COVID-19 patients in the region of Piura who have been turned away from private clinics for lack of available beds are asked on their way out for a bribe in order to access a bed or oxygen at the same exact clinic.⁷

Patients are literally dying in the streets of Peru, so people are doing anything to get access to health.

Haiti, an especially fragile country, cannot fend for itself during COVID-19. The United Nations has been calling for a united response from the international community to COVID-19 in Haiti. It has expressed that Haiti “cannot face the pandemic alone. It requires unflagging support from its humanitarian and development partners... including, first and foremost, regional partners, to increase financial, technical and political support for Haiti during these challenging times.”⁸

Many groups like Medecins Sans Frontieres (MSF) are sounding the alarm. Other groups working to deliver maternal care in Haiti like Midwives for Haiti are sharing some of the current challenges. According to Jane E. Drichta, Executive Director for Midwives for Haiti, “the challenges around COVID-19 continue. As of now, Haiti is reporting over 6,000 cases, but they have abandoned almost all testing, so this number is off, probably by thousands of cases. The stigma around the virus is very strong and people have been killed when word got out that they were infected.”⁹

Similarly to Peru, Haiti faced early challenges with securing supplies. For Midwives for Haiti, they “ripped through their supplies of PPE, and with prices rising they had to make tough decisions on what medications and other medical supplies to purchase” due to the lack of funds and product availability.¹⁰

While COVID-19 is far from over, there is still potential for a cohesive global response. The valid question that is still open is what can we learn from the pandemic? For Dr. Kui Muraya, a global health expert and principal investigator at KEMRI Wellcome Trust Research Programme, her hope is that “after the pandemic, global health will truly be global. That we will realize our interconnectedness as humanity...when one part of that whole suffers, we all suffer. I hope this revitalizes our need to champion even more

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vigorously for equity in health for all people worldwide.”¹¹ Therefore, rallying around the ideal of global health is not only a matter of justice, but a matter of survival.

Rethinking Global Health Interactions

From the onset of COVID-19, when restrictions on travel were imposed and the free movement of people stopped, it was clear that normal global health interactions would need to evolve quickly. There would be no more fly-in missions and no bringing in the troops. This emergency was like no other and created a much overdue reckoning or rethinking of normal operations vis-à-vis international partners and vice versa.

Bon Secours Mercy Health's longest standing Global Ministries' countries of focus are Peru and Haiti. Our partners, CBS Peru, the Global Smile Foundation, the Catholic Medical Mission Board, and Midwives for Haiti have shared many lessons from COVID-19 that will help instruct new paths toward a post-COVID-19 reality.

Rethinking Local Leadership

With the travel ban, Global Health interactions had to move to a virtual reality. Global Ministries had deployed personnel to Peru in times of natural disaster in the past but this outbreak made travel impossible. Sr. Rosalinda Pajuelo reflected on what that meant at the onset of COVID-19 stating:

“In the past, when we faced adverse situations, we felt accompanied not only spiritually but physically by partners who were quickly here to be a united force with us...but this time it was not the case. This pandemic gradually took over our country and we had to face this harsh reality ourselves. I asked myself, how will we do it? Together with our partners, we learned to use and implement our virtual presence to reach many in need of health care, education or spiritual accompaniment.”¹²

In the case of our partnership with CBS Peru, COVID-19 accelerated our need to build capacity. Through online workshops, training and technical back-up, local leaders led and they successfully and independently moved their hospital operations online to a virtual platform.

Rethinking Local Gaps

Another partner in Peru, the Global Smile Foundation, is a major cleft care provider in many countries. In Ecuador and Lebanon, the Global Smile Foundation actually serves over 50% of all patients born with cleft lip. For an organization that fills such a huge gap not currently addressed by local resources, going virtual is not necessarily possible.

In the short-term, Dr. Usama Hamdan, President of the Global Smile Foundation, stated that “COVID-19 forced us to adjust our missions and to fortify telehealth. Unfortunately, telehealth is just a short remedy for our ability to care for these patients — their cleft lip/cleft palate is not going to be addressed virtually.”¹³ Once they are able to travel, the Global Smile Foundation expects to double up on the number of cases in 2021.

In the long-term, the Global Smile Foundation will continue to “empower local talent with hands-on training, fellowship programs, and international comprehensive cleft care workshops that the organization holds annually and through Augmented Reality Surgery.”¹⁴

Rethinking Local Expertise

An additional partner, the Catholic Medical Mission Board (CMMB), expressed that local leaders in government should learn to listen to local experts and not rely on looking to the West for solutions. Dr. Ariel Frisancho, CMMB Peru Country Director, reflected on some COVID-19 lessons so far, stating:

“The government response [in Peru] drew more on ‘looking outside’ copying the Western hospital-centric approach and neglecting the importance of the primary care level. We lost the opportunity for local, community-based, patient detection, follow-up and contact tracing. One size doesn’t fit all, especially in countries with diverse realities and cultures like we have. COVID-19 communication and preventive measures were oriented toward urban contexts not necessarily rural or periurban settings. We neglected ‘looking inside.’”¹⁵

The post-COVID-19 reality will challenge all global health practitioners to develop multi-directional partnerships that include multiple stakeholders. Not only the traditional bi-directional relationships such as donor-NGO, or NGO-recipient but rather communities themselves will need to become active participants as local experts in the decision-making process.

Rethinking Local Sustainability

One of the most difficult aspects of global health interactions is to constantly reassess if the activity is sustainable. Many organizations do not want to shift, adapt or learn, but COVID-19 is forcing many groups to rethink their operations and sustainability over time.

Drichta is not afraid of that process for Midwives for Haiti. She shares that:

“... we have had to make significant changes to several aspects of our programming and systems structures. One of the most obvious changes over the past six months is the drop in volunteers. We were unable to have volunteers for most of the spring and fall due to civil unrest, and then of course, COVID-19 hit. This was a blow to our capacity in Haiti, but also to our bottom line. We have learned that volunteers are not a sustainable revenue source, nor should we be counting on them for supplies and donations.”¹⁶

Building a New Culture of Global Health

Dr. Tedros mentioned that COVID-19 was a test in global solidarity and global leadership.¹⁷ We have collectively witnessed the devastation and disruption this has already caused as well as the isolationism, divisiveness and misinformation of some nations, all of which are counterproductive to a global response. Yet, as the WHO says, we are not too late.

As we hopefully shift from divisiveness to solidarity and from isolation to cooperation, so should there be a shift in optimizing global health practice. It will be necessary to ensure that local leaders lead and partners build local capacity. It will also be necessary to assess if there is a real gap to be filled, and if there is not, then there should be a willingness to pivot away.

There is also a post-COVID-19 opportunity to create a new culture of global health. A culture that does not deviate from the ideal that shapes the very definition of global health. One that is a matter of justice for all people. A new culture could be created that moves some global health interactions from dependency to empowerment, from superiority to humility and from silos to complementarity.

A post-COVID-19 reality affords all of us the opportunity to see one another as global citizens sharing a common home. It gives us the opportunity to accept our deep interconnectedness and interdependence. Culture is shaped by a common set of beliefs, experiences and behaviors. COVID-19 has produced a common global experience. What will we do with that painful experience? Will we embrace fear and isolationism or come together to address human suffering? Will we emerge with a new culture? A world united for the common good?



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ENDNOTES

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The current pandemic has highlighted our interdependence: we are all connected to each other, for better or for worse. Therefore, to emerge from this crisis better than before, we have to do so together; together, not alone. Together. Not alone, because it cannot be done. Either it is done together, or it is not done. We must do it together, all of us, in solidarity.

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General Audience, Sept. 2, 2020

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