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We Can Use The Pandemic To Reimagine Global Health Teaching

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[Healthcare](#)

I write about global health, infectious diseases, and equity

The Covid-19 pandemic, combined with online teaching, has allowed professors to re-imagine global ... [+]   GETTY

The ongoing pandemic has upended many things. Global health teaching is no exception. Across universities, professors like me have had to quickly redesign our courses, and deliver them virtually, even as Covid-19 threw up new issues on a daily basis. Along the way, students and professors have both struggled and learnt.

I taught an online course called *Fundamentals of Global Health* last fall, and summarized my own learnings and takeaways. This piece aims to synthesize my learnings with those of more than 15 professors in 6 countries.

Our collective experience suggests that despite the pandemic chaos and fatigue, global health teaching can be improved by using Covid-19 as a teachable moment to focus on equity as a central theme, and by making anti-racism and anti-oppression as core content. The online format allows instructors to reach wider audiences, as well as center voices from the Global South, Indigenous scholars, and individuals with lived experience. Learning from Covid-19, global health teaching must teach students to address health disparities wherever they occur, not just in low-income countries. While the online format offers many challenges, there are best practices that can increase student engagement and reduce fatigue. Kindness, empathy and self-compassion are critical for students and professors to survive these difficult times.

Covid-19 as a teachable moment

In global health, equity is a core concern. Given the inequities exposed by the pandemic, global health professors now have mountains of new material that can be used to illustrate health inequities within and between nations, social determinants of health, global health governance failures, vaccine nationalism, market failures, lack of global solidarity, and the inseparable link between politics and pandemics. Global health itself needs to be reimagined during this crisis, and global health education must use this crisis as a teachable moment. Indeed, nearly every professor I contacted is doing this, and finding students to be very responsive to topical issues.

"The pandemic is shaping student interest in global health," said Benjamin Mason Meier, a professor at the University of North Carolina at Chapel Hill, who teaches a course called *Global Health & Human Rights*. "We must not shy away from their fears about the pandemic, but draw on the failures of

the pandemic response to inspire them to develop careers in the field. Where we have failed, they can succeed," he added.

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Salla Atkins, a professor at Tampere University, Finland, teaches a course called *Social Protection and Health*. She used Covid-19 as "a great example of how social protection needs to change to meet crises and protect income and how social protection can even influence infection spread."

Kathleen Bachynski, a professor at Muhlenberg College, Pennsylvania, teaches *Introduction to Global Health*. "This semester we're going to try two group projects: one that focuses on "lessons learned" from efforts to respond to Covid-19 in the first year of the pandemic, and the other that focuses on a range of non-Covid-19 global health topics, ranging from antimicrobial resistance to air pollution," she said. "This is an effort to make sure we have time to analyze the current pandemic we're living through from a variety of global health perspectives, while still making sure we have a chance to discuss other very important global health topics," she added.

Racism, equity and diversity emerge as core content

2020 was a year of racial reckoning, and we know racism pervades all aspects of medicine and society. Global health is neither global nor diverse, and racism and white supremacy are major issues in global health. Issues around diversity, equity and inclusion are increasingly becoming core content in global health courses.

My course included a session on privilege, anti-oppression, anti-racism and allyship (taught by Stephanie Nixon at the University of Toronto). This early session was impactful and set the tone for the rest of the course. In fact, I would argue that all global health courses must include content on privilege, anti-oppression and allyship.

"I find our global and public health education system reinforces the same inequities it was designed to overcome," said Ananya Tina Banerjee, a professor at the McGill School of Population and Global Health, and affiliated with the University of Toronto. "Learning about anti-oppression that includes anti-racism – specifically how certain groups are disadvantaged and disproportionately impacted by the public health system, and how professors, as representatives of the system, can unconsciously and sometimes consciously misuse our power and privilege when working with vulnerable communities– is therefore key to disrupting the marginalization of these groups and to integrate equity into practice and thinking when teaching public health online or in person," she explained. Research by her team has demonstrated a profound need for ongoing anti-oppression training among future public and global health students and professionals. While Banerjee teaches anti-oppression workshops, she believes that promoting equity, diversity and inclusion in public health is a life-learning process.

Pamela Roach, a professor at the University of Calgary, teaches courses on Indigenous health as well as anti-racism. "Anti-racism teaching and action in health systems and education is urgent, especially as we see health inequities exacerbated by the pandemic," she said. "In my own experience I see encouraging shifts, that I hope people will continue to prioritize after the pandemic when everyone will rush to get back to "normal". I know we can make a better normal and we owe it to population and global health to do that work," she added.

Decolonizing global health & pedagogy

Even as calls to decolonize global health increase, it is obvious that global health courses need to become more critical, reflexive, and go beyond the superficial apolitical narratives that are commonly taught. My own course began with content on the colonial history of global health. Several schools in many high-income countries have hosted conferences and webinars on decolonizing global health. This theme is now a mainstream issue, even if the term is increasingly getting misused or misinterpreted, and centered on privileged institutions and folks in the Global North.

OXFORD, UNITED KINGDOM - 2020/06/09: A woman wearing a facemask is seen displaying a placard reading ... [+]   SOPA IMAGES/LIGHTROCKET VIA GETTY IMAGES

Thurka Sangaramoorthy, a professor at the University of Maryland, College Park, taught an anthropology course called *Plagues, Pathogens, and Public Policy* and wrote about how her teaching team sought to decolonize their course content and pedagogy as a means of contributing to ongoing efforts towards inclusivity in academia. She argues that global health courses must "prioritize voices from the Global South, Indigenous scholars, and individuals working and living within their impacted communities."

"Decolonized pedagogy is distinct from other forms of critical pedagogy in its commitment to centering perspectives and voices from marginalized populations, as well as a dedication to addressing and dismantling the harmful legacies of colonial and imperial powers," Sangaramoorthy explained. "I've learned that these pedagogies align to a great extent with best practices for online teaching. This training has freed me from a punitive model, a deficit model where the pervasive thinking is that grades are ultimate marker of hard work and reflective of learning course content. By engaging in these decolonial and anti-oppressive pedagogies, I have noticed a drastic change in how I approach teaching, classroom, and my students. I'm less stressed, anxious, and teaching has become much more enjoyable," she added.

In my global health at McGill University, I took advantage of the online format to center my course on Black, Indigenous and people of color (BIPOC) speakers. 75% of the speakers were BIPOC, and nearly half of the speakers were experts from the Global South. They elevated my course with their authenticity, credibility & lived experience. Students, in their evaluations, rated this aspect very highly.

Other professors have used similar approaches to invite speakers from around the world to their virtual classrooms. Ann Nolan, a professor at University of Dublin, Trinity College, taught a course called *Sexual and Reproductive Health: A global perspective*. "Rather than on-site visits, which were a feature of my course in the past, I invited a number of people from around the world working in sexual and reproductive health to address the class. This added variety and engaged students in the practical application of theoretical concepts," she said.

Claire Standley and Emily Mendenhall, professors at Georgetown University, co-taught a new course on *Decolonizing Global Health*, where they invited guest speakers from all over the world. "A large proportion of the impact comes from the diversity and representation afforded by

engaging with truly global leaders; this is difficult to achieve through in person instruction," said Standley. "We are in a moment of extraordinary momentum to shake up long-held institutional inequities," said Mendenhall. "By hosting the course completely online, we were able to engage lecturers from around the world," she emphasized.

In their *Global Public Health* course at the University at Buffalo, The State University of New York, Tia Palermo and Gauri Desai worked to frame global health inequities, problems, and solutions within the broader context of global governance, the drivers of inequality, and the historical context (e.g., colonialism, structural adjustment). "This may mean less time to survey all the broad topics of global health, but it gives the students a more accurate perspective of what drives the issues and how many of the solutions we work with are often just a band-aid, not really addressing the real drivers," said Palermo. "The online platform has really enabled us to invite speakers from across the globe. Hearing their perspectives, particularly from the speakers from the Global South who are doing a lot of "in the field" work is very enriching for us all," said Desai.

Amrita Daftary, a professor at the School of Global Health, York University, Toronto, taught a course called *Promoting Global Health*. "I added much more discussion around the evolution of global health, mandate to decolonize global health and to uphold principles of equity, diversity, inclusion in the way we practice global health and the outcomes we seek to achieve," she said. "This is largely spurred by ongoing social movements of the year 2019-20, separate but inflated by the Covid-19 pandemic," she added.

"The initial work in setting up an online course is significant. However, the opportunity for greater creativity, global inclusion of diverse speakers & experts, and facilitating peer to peer discussion for a debate (e.g. international students comparing & contrasting their experiences vs students in UK) has helped to bring a livelier dimension despite the

challenges of zoom fatigue," said Oksana Pyzik, a lecturer at the University College, London. She teaches a course called *Global Perspectives: Health, Medicines & Pharmacy.*

Global health is local

Typically, global health courses focus on inequities within low and middle-income countries (LMICs). But many high-income countries (HICs) handled Covid-19 quite poorly, and the inequities within HICs were exposed. So, global health teaching must teach students to address health disparities wherever they occur.

In my course (set in the Canadian context), we had extensive discussions on settler colonialism in Canada and its ongoing impact on the health of Indigenous peoples (led by Pamela Roach, an Indigenous scholar and professor). We also had a session on immigrant and refugee health.

For global health courses set in the American context, I would argue that it would be critically important to discuss the history of slavery, anti-Black racism and its persistent negative impact on the health of African Americans.

Diversifying the audience

Diversity of students is another area where global health education must do better. Currently, global health degrees are concentrated in high-income countries, and are expensive for students from the Global South.

Salla Atkins allowed international students to take some of her online courses. "I had always struggled with getting true global representation. Now, with expanding e-learning alternatives and access, I felt I could really take people on board," she explained.

Bethany Hedt-Gauthier, a professor at Harvard University, helped conduct online training on operational research for colleagues in Rwanda, led by

Partners in Health, Rwanda. All trainees were Rwandan. Of the 7 training team members, 3 were in Rwanda, 1 in Nigeria, and 3 in the US. "This was an incredibly valuable learning experience, and worked better than I thought it would! It was 80% as effective for our goals, which was 10 times better than I had anticipated. However, it was only half as joyful as being in the thick of this learning together in person," she said. Poor internet connectivity was one of the big challenges for trainees.

Last summer, I co-taught epidemiology courses for journalists in India and Africa. I summarized my learnings and posted my course videos on YouTube, to reach a larger audience. The online format allowed me to teach a group that I've never previously taught. Standley and Mendenhall live-streamed their course on YouTube to reach a broader audience, and this resulted in substantial re-viewing and access after the course ended. This model holds great promise.

It will be impactful if more global health instructors could share their course materials and videos online, and contribute to democratizing global health education. There is little cost to doing this, and the explosion of webinars illustrates the scalability of online education.

Student attending school lessons from home, by videoconference with the other students of the class. ... [+]   AGF/UNIVERSAL IMAGES GROUP VIA GETTY IMAGES

Best practices for online teaching

Pandemic fatigue has made us all more stressed and less productive. Students, in particular, are struggling with loneliness and mental health issues. Teachers need to factor this in.

"I shared with students my own struggles, which I hoped would help them realize how stressful this time was for all of us," said Gavin Yamey, a global health professor at Duke university, who teaches a course on *Global Health Policy.* "In our household, juggling work and child care and the stress of family members and friends getting Covid-19, has sometimes been tough. I regularly said to my class "we are all surviving a pandemic, so let's adjust accordingly," he explained.

While online teaching brings Zoom fatigue, lack of personal interactions, and challenges with students scattered across many time zones, professors have tried many things to make it work.

For example, Aeyal Gross, a professor at Tel Aviv University, crowd-sourced ideas via Twitter, and used several films and videos to enhance his course on *Global Health Law*. "We need to give students videos to watch at their own time, but deduct the time needed to watch stuff at home from the class time (to reduce zoom time)," he explained.

Here is a list of tips and best practices, based on the collective experience of the professors I interviewed:

1. Relax attendance requirements (especially if students are on different time zones)
2. Cut back on assignments, readings and exams (to mitigate fatigue and stress)
3. Reduce didactic lectures, make them shorter, and use a combination of live and recorded lectures; use the flipped class-room model with recorded lectures made available in advance
4. Encourage short student-led presentations to increase their participation
5. Alternate synchronous with asynchronous sessions (to address Zoom fatigue)
6. Avoid long sessions (e.g. 3 hours of class time) and incorporate more breaks
7. Use break-out groups to enhance student interactions and participation
8. Use audience polls and interactive tools such as Menti and Kahoot
9. Offer accessible office hours (flexible times for support), and engage teaching assistants to enhance student contact
10. Assign videos and global health films, as an alternative to required readings or books (but ensure this time is counted towards the overall effort/time)
11. Be more lenient and kinder with grading
12. Forego rigid, exam-style assignments in favor of shorter, interactive assignments and open-book exams; prefer essays and short answers
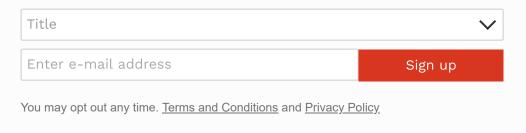
over fact-based, multiple choice questions

13. Eliminates late policies and graded participation, while offering rolling deadlines, to provide students with flexibility while navigating this crisis

14. Talk to students about mental health, stress, and burnout and anticipate student and teacher fatigue; expect and accept attrition during the live sessions

15. Offer an honorarium to guest speakers, especially folks from LMICs

And, most importantly, do not set impossible expectations for students or teachers during this crisis. Kindness, empathy and self-compassion will go a long way in helping us survive these difficult times.

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