



Critical and Ethical Global Engagement: A Sourcebook of Concepts, Reflections, and Activities

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Critical and Ethical Global Engagement: A Sourcebook of Concepts, Reflections, and Activities

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Table of Contents

Acknowledgements	1
Introduction	2
<i>Elysée Nouvet, Mary Ndu, Robert Gough</i>	
About the Authors	93
Additional resources	98

01 PART I: Clarifying concepts and practices

1	Anchoring action: the need for critical and ethical global engagement <i>Maxwell Smith, Robert Gough, Eugenia Canas, Mary Ndu, Erynn Monette, David McHugh, Marlene Janzen Le Ber, Tanya Benjamin-Thomas, Joseph Kasine, Aimee Utuza, Elysée Nouvet</i>	6
2	Ethical Dilemmas in North-South Student International Learning Experiences: Issues and suggestions to mitigate asymmetrical power relations <i>Robert Gough</i>	9

02 PART II: Activities

3	Reflecting on Positionality and Developing a Positionality Statement <i>Ashley McKeown</i>	16
4	The Global Health Research Equity Assessment Tool (GHREAT) A self-reflexive tool for ethical research partnerships <i>Erynn Monette, Robert Gough, Innocent Iyakaremye, Phaedra Henley, Marlene Janzen Le Ber, Abe Oudshoorn, David McHugh, Maxwell Smith, Elysée Nouvet</i>	22

02 PART II: Activities cont'd

5	World Café: Unpacking Ethical Dilemmas through Cross-Cultural Case Studies <i>Ashley McKeown</i>	30
6	Migration Impacts on Trauma and Health Simulation (MITHS) <i>Lloy Wylie</i>	41
7	Mbwira Ndumva Symposium: From University Discourse to Community Conversation <i>Joseph Kalisa</i>	47
8	City Symposium: Engaging the Public in Equity Topics: Tips and Best Practices (Why and how) <i>James Shelley</i>	50
9	Preparing students for the realities of international work in global health: A global health course classroom approach <i>Uche Ikenyei</i>	54
10	UAPI Trip to Mwanza, Tanzania, Case Study <i>Robert Gough, Barbara Bruce, Wynnne Zhao</i>	58
11	Building learners' awareness of power: practical exercise(s) <i>Robert Gough</i>	86

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The idea and content for this sourcebook was inspired by conversations amongst members of the Western University HEIDI group (Health Equity in Context Interdisciplinary Development Initiative). We would like to thank all the faculty, staff, and students at Western University, the University of Rwanda, and the University of Global Health Equity who pushed us to document our rationale and ideas in this collection. We would also like to thank Katie Butler, for sharing her talents in illustrating the sourcebook. Finally, thank you to Western University IDI initiative for its support of HEIDI (2018–2021).

Introduction

Welcome to the 2022 Western sourcebook on Critical and Ethical Global Engagement!

Global inequality, based in histories of colonialism and ongoing systems of oppression, discrimination, and inequitable access to resources, is a reality. There is an ever-present risk of reproducing asymmetrical power relations and the limitations these imply for human and social aspirations to achieve greater justice and well-being if we do not attend to this reality. Reflecting on our positionality and the political, historical, and socio-cultural contexts through which we engage with the world, in our attempts to transform it, is essential. This recognition lies at the core of the Critical and Ethical Global Engagement Sourcebook.

This idea for this sourcebook took root through a Western-funded Interdisciplinary Development Initiative (IDI) project: Health Equity in Context: Local Solutions to Global Problems. Over three years (2018–2021), Western-based faculty, faculty at the University of Rwanda and the University of Global Health Equity (Rwanda), as well as several graduate students and University staff met regularly to energize and troubleshoot discrete health equity research projects, but also to develop and share actionable recommendations and concrete strategies for conducting research, building international partnerships, and teaching about inequity in ways that disrupt rather than reinforce historical and ongoing inequities. These IDI meetings provided a unique and, as we came to realize, needed opportunity to learn about and understand in more detail the diverse approaches and experiences to teaching and working with a commitment to global health equity in the classroom and beyond. This sourcebook has as its first objective, to document and, in this process, further open up space for sharing and exploring what it means, what it can look like, what activities can support, enacting commitments to global health equity. We see this sourcebook as a first iteration. Our hope is that the sourcebook can be revised regularly: to enable new approaches inclusive of Western University's evolving leadership in clarifying what constitutes more ethical and critical global engagement.

Whether you are an educator, community-based advocate, learner, funder, staff, or otherwise involved in a global health project, this sourcebook is for you. You will know that defining best practices in global health work is far from straightforward. What counts as ethical or unethical may vary dramatically from context to context, and even from individual to individual within a stakeholder group.

There is no shortage of evidence for the skewing of global health research funding, publication, training and advancement opportunities in favour of actors, organizations, and governments in the Global North. It is not hard to find eloquent criticisms of colonial patterns within global health education and research activities. Many have called for the decolonization of global health: as a field of study and action, and there exists a panoply of recommendations and tools for enacting equity in partnerships, education, and training.

Less clear, in the assessment of our team, is what does it look like, what happens, when recommendations and tools are integrated into specific projects and courses or other learning environments? On what bases do we identify our strategies as successful? How can learners, educators, and practitioners be supported in the often uncomfortable work of recognizing the biases they have held or the inequities they are perpetuating? What does doing global health work that is truly transformative actually entail?

While the sourcebook includes specific individuals' responses to those questions, the sourcebook as a project also reflects values and goals within Western University's most recent strategic plan, Towards Western at 150. The plan stresses the importance of interdisciplinary, cross-faculty collaboration and learning. It acknowledges that at Western, we need to welcome "creative, outside-of-the-box solutions," and ensure our work is globally relevant, while locally actionable, to optimize its impact. Equity, Diversity, Inclusion and Decolonization at Western acknowledges that historical inequality has led to current cultural and global inequality and that incorporating principles of an EDID- informed approach is central to critical and ethical global engagement. This sourcebook – to be expanded and revised periodically – foregrounds and renders more accessible efforts led by Western faculty, staff, students, and partners to translate such aspirations into practice.

While providing a snapshot of Western University commitments and approaches, producing an open-access sourcebook also strikes us as harboring the potential to support the dialogue and discussion needed to further innovate and improve our practices. We have in parallel to the sourcebook established a new Global Health Equity @ Western hub. If you are interested in submitting a commentary on this sourcebook, we would welcome receiving your feedback or observations: you can reach out to one of us directly at enouvet@uwo.ca, mndu@uwo.ca, and bob.gough@uwo.ca or consider submitting a commentary for wider sharing, by submitting this as a blog to the GHE@Western hub [here](#).

In our experience, critical and ethical global engagement requires intentional, ongoing reflexive practice. So, please dive in! Try out the activities or terms, share, cite, and send us your ideas for additional chapters. This is just the beginning.

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Clarifying concepts and practices

The essence of global health equity is the idea that something so precious as health might be viewed as a right

*-Paul Farmer
Medical anthropologist and physician*

In the following chapters, the authors propose refreshing views and clarify their approaches to critical global health equity and engagement, highlighting some of the issues and challenges that continue to plague North-South research and education collaborations and partnerships. With their interventions, the authors strive to invite further dialogue, by spelling out specific considerations they regard as necessary for advancing the decolonization of inter-national, cross-cultural collaborations and initiatives. While conceptually rich, both pieces are informed by the authors' experiences conducting and implementing various initiatives within and outside academia. These pieces were developed with various audiences in mind: students, faculty researchers, and anyone interested in getting a quick overview of what global health equity and global critical ethical engagement imply in terms of practice.

This sourcebook will be revised annually. If you would like to contribute to clarifying or re-imagining meanings and implications of global health equity in education, research, partnerships, or clinical practice in the next version of the sourcebook, please contact Western Associate Professor Elysée Nouvet: enouvet@uwo.ca for submission guidelines.



1

Anchoring action: the need for critical and ethical global engagement

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Introduction

Commitments to equity are insufficient in and of themselves to interrupt and transform historically entrenched inequalities in the field of global health action. Equitable global health requires redistributing power—including access to material resources, evidence, education, and decision-making authority—to undo and remake normative institutional, interpersonal, and individual assumptions, practices, and relations at the root of these inequalities. The words we use in global health can obscure privilege and power. Words can also, alternatively, support social transformation, serving as conceptual and practical anchors to discuss concerns, guide reflection, and mobilize concerted action. In order to assert and promote this sourcebook as relevant to Critical and Ethical Global Engagement (CEGE), we need to define what CEGE means.

Our interest in defining critical and ethical global engagement arose as a result of our partnerships connecting students and colleagues from Western with students and colleagues working outside Canada. In particular, as we wrote, we were thinking of student exchange, research, and mobility programs between sending and receiving institutions. These programs generally involve students from the Global North participating in international learning experiences with partners in the Global South (defined broadly here as countries predominantly located in the Southern Hemisphere with low overall gross-national product) (Tiessen, Grantham, & Cameron 2018). In recent decades, globalization has become a pervasive force in shaping higher education (Universities Canada, 2014).



The result has been rapid expansion of internationalization efforts and increased demand for mobility and placements of students from the Global North with development organizations or community groups in the Global South. There is a growing body of evidence that globalization has placed demands on universities to provide these experiences, requiring them to work in an emerging global education market to compete. We regard ensuring such experiences foster critical engagement with structural and social determinants of inequity as an ethical commitment. To define CEGE, we must first define and interpret its vital components – “critical,” “ethical,” and “global engagement”.

What do we mean by ‘critical’ engagement?

Critical engagement involves the fundamental commitment to avoid practices that dehumanize. This idea also includes a commitment to avoid ‘othering’—namely, the objectification of another person or group, particularly where comparisons are made to other individuals, populations or countries in the service of reinforcing one’s own positive identity (MacQuarrie, 2010). Our construction and understanding of any given global issue is always intimately linked to our positioning (socioeconomic status, gendered, cultural, geographic, historical and institutional). Avoiding ‘othering’ means being, as Kapoor (2004) proposes, unscrupulously vigilant about our complicities and the totality of perspectives involved through self-reflective practices: examining our assumptions, values, and intentions for and in partnerships, so that we do not inadvertently or deliberately neglect, perpetuate, or reify existing inequities and problematic relationships.

As a community of researchers, we posit that if global engagement lacks critical reflexivity regarding power relations, it risks reifying western hegemony and perpetuating colonialism and global inequities. This perpetuation can occur in many ways, such as the cultural impact of imposing external value systems, or the immediate tangible impacts of consuming the time and resources of global partners without reciprocity of input and gain.

What constitutes ‘ethical’ engagement?

We believe that global engagement involves notions of right or wrong, whether or not these are made explicit. This is because global engagement is motivated by our values. Ethical engagement is therefore expressed in—and organized in terms of—values, beliefs, and relationships. Consequently, ethical engagement requires that the values and beliefs informing, motivating, or guiding our engagement are made explicit, and that those that form the basis for ethical engagement are inclusive of all those participating in, and those affected by, such engagement. As such, the values that ultimately underpin ethical engagement should be explicitly negotiated amongst those participating in, and those who may be affected by, such engagement (Tiessen & Grantham, 2018).

We understand global inequities to be inequalities (that is, differences in, e.g., health, income, power, etc.) that are unjust, linked to human decisions and policies, and avoidable. These inequities are present globally between individuals and populations. The remediation of global inequities requires working toward ideals of justice through critical and ethical global engagement which is a normative aim that comprises multiple dimensions.

What makes engagement 'global'?

'Engagement' refers to a sense of commitment between two parts, while 'global' relates to the whole world, crossing traditional boundaries. Global engagement encompasses a range of research, education and advocacy activities in the context of university-community partnerships that transcends national and cultural boundaries.

Global engagement is therefore a commitment to issues that transcend geographic boundaries. Engaging with individuals, communities, and institutions beyond our institution, with the aim of increasing wellbeing and the fair distribution of benefits resulting from such activities, is a position aligned with the fundamental aims of international development (UN Declaration on the Right to Development, 1986). While engagement itself may be focused on a global issue (i.e., one that does not necessarily have geographic boundaries), the character of the local context for all partners involved alters the nature of the engagement. Global engagement is, therefore, always shaped/defined by what each partner brings in terms of their local experience, including considerations of race, class, culture, discipline, history and ways of knowing.

A longer version of this proposition can be found here: Eugenia Canas, Robert Gough, Maxwell J. Smith, Erynn M. Monette, David D. McHugh, Marlene Janzen Le Ber, Tanya E. Benjamin-Thomas, Yvonne Kasine, Aimée J. Utuza & Elysée Nouvet (2021) What do we mean by critical and ethical global engagement? Questions from a research partnership between universities in Canada and Rwanda, *Global Public Health*, DOI: 10.1080/17441692.2021.1931401.
<https://www.tandfonline.com/doi/full/10.1080/17441692.2021.1931401>).

Ethical Dilemmas in North-South Student International Learning Experiences: Issues and suggestions to mitigate asymmetrical power relations

Author: Robert Gough

Global experiential learning opportunities are increasingly examined from a range of stakeholder perspectives, including student learning outcomes, host community experiences, and institutional approaches. At the heart of the literature on these perspectives is a rich and vital analysis of privilege, inequality of opportunity and uneven benefits between global North 'participants' and global South 'recipients'. Critical reflections on experiences and the broader structural, economic, socio-political and historical contexts of global inequality offer entry points for developing resources and tools for a more ethical global engagement. Functional materials have also been widely employed across experiential learning programs to improve pre-departure training, reduce harm to local communities, and engage in ethically sound practices through international experiential learning programs (Rebecca Tiessen).

In 2014, Universities Canada reported that globalization had become a pervasive force shaping higher education in recent decades. Ninety-six percent of Canadian universities include internationalization as part of their strategic planning (AUCC, 2014). More than 80 percent identify it as one of their Top Five planning priorities, up five percent from 2006 (IBID).

The rapid expansion of internationalization means increased student mobility, including practicum, volunteer, and internship placements in development organizations or community groups in the Global South. North-South student mobility experiences benefit students by providing essential skills in a rapidly changing world, including leadership skills, intercultural experience, complex thinking, and communications skill.

Students engaged in international experiential learning programs can derive from these experiences enormous learning about themselves, health, economic, and social systems, as well as learning about different ways of working or living. In the absence of critical and ethical engagement (Canas et. al, 2020), however, students may reproduce problematic and ultimately racist reductions of host populations. When Western University students, for example, travel to Africa, for example, they may bring with them and as a result codify their experiences through colonial 'Western' or global North lenses that reduces complex and diverse practices to 'monolithic' Africa; analyze and register experiences in terms of 'us' and 'them' distinctions linked

a perception of an 'orientalized Other'; or, linked to such biases, that cast host populations as poor, suffering, and in need of help (Said, 1979; Ferguson, 2006; Hanson, 2010; Kapoor, 2004; King, 2004; Mohanty Joseph, 2008; Urraca et al., 2009). Suppose students are learning from the perspective of the West. In that case, it is not a surprise that they may go on study/volunteer abroad programs with these perspectives and bring these values abroad (Tiessen, 2007).

Given the internationalization pressures on universities and the fact that it is impossible for an individual not to be affected if not guided by dominant ideas and values in their work, it is essential that students and institutions/internship service providers from the global North practice self-reflexivity. Self-reflexivity, as used here, requires active efforts to mitigate asymmetrical power relations and privilege the voice, knowledge and goals of their partners in the global South (Camacho, 2004). If self-reflexive practice is not incorporated into student exchange and learning opportunities, the activities of the students and internship providers may result in unintended negative interactions and outcomes. These may include inadvertently imposing values and knowledge in situations that reproduce colonial relationships, **emerging with deeper rather than disrupted biases about "Other" (e.g. non-Canadian) countries and populations, limited and problematic analyses of observed situations, missed opportunities for learning, and both blatant and more subtle expressions of disregard for local values and expertise. Any or all of these may result in an erosion of trust or offend host partners and populations, and may impact the partnership moving forward.**

Historically, the focus of international experiential learning programs in Africa has been on the benefits to the students from the Global North, with little attention paid to ensuring mutual benefit and reciprocity with host institutions and communities in the Global South. Given the existence of global inequality and asymmetrical power relations, ethical issues must be addressed to avoid inadvertently reproducing problematic historical patterns of thinking and relationships.

Where self-reflection may be defined as individuals thinking about their personal experiences and assumptions, self-reflexivity is defined as connecting our individual assumptions to collective socially, culturally and historically situated 'stories' and assumptions that define what is real, ideal (right), and knowable (Andreotti, Stein, Ahenakew, & Hunt, 2015). When we are self-reflexive, we challenge our own thinking, what we take for granted, and truly seek to learn through the perspective of another cultural perspective.

How we go about establishing partnerships, engaging in research, representing local communities, and preparing students for experiences in the Global South is arguably more important than the tasks that are accomplished. The excellent news is that Global South partners want to receive students from the Global North for international learning experiences, as long as local voices are heard in planning for these experiences, real community needs are met, and students are prepared with the historical, political and economic context in which they will be working.

Students must deconstruct the 'Western' values they bring to bear on international experiential learning programs, be highly reflexive, and learn from the local community (Kapoor, 2004; Andreotti, 2007). Andreotti highlights the significance of students examining their place of privilege and connections among language, power and knowledge, to transform relationships and to reason and act responsibly. Mohanty (2006) argues for a solidarity model as the most useful and productive pedagogy for cross-cultural work as it provides a way to theorize a complex relational understanding of experience, locations and history that moves through the specific context to construct a real notion of the universal and democratization rather than colonization. A solidarity model (consistent with an explicit social justice model) begins with local understanding and allows for the basis for deeper solidarity across differences and unequal power relations (Mohanty, 2006). This model establishes a context for reflexivity and ethical relationships (Kapoor, 2004) and allows students to live within what Ashcroft et al. (2007) call the gap between binaries where new knowledge and relationships are co-created.

When service-learning programs operate in egalitarian rather than hierarchical partnerships, incorporating opportunities for structured reflection into the experience, students are more likely to value and learn from the perspectives of those they are serving. When students can cross social, economic and cultural borders and form relationships based on dialogue and respect, critical reflection becomes possible (King, 2004). Therefore, personal relationships play a significant role in student perspective transformation, resulting from an international experiential learning program. Where meetings between students and their hosts and partners include joint analysis of experiences and perspectives, discussion of how similarities and differences in conditions or experiences connect to historical, social, structural determinants, and ultimately development of respect and caring, fear of the 'Other' and the need for a contrasting 'Other' to promote and reinforce the 'Western' identity as superior (Said, 1978) can dissolve. Spivak (1988), a postcolonial theorist, also emphasizes the necessity of a one-to-one relationship that is intimate, caring, and non-exploitive to help keep the cultural and institutional power imbalance in check (Kapoor, 2004).

Ethical dilemmas	Definitions
Mobility Inequality	Students from the global North move relatively freely throughout the world, while individuals from the global South are repeatedly denied entry into countries in the global North (MacDonald & Vorstermans, 2016). Visa-free mobility has increased for OECD countries and decreased for other countries thereby creating a global mobility divide (Mau, Gulzua, Laube, Zaun, 2015).
Marketization of Education	Marketization fundamentally affects students' conceptions of what 'doing good' looks like and is often presented as self-improvement through charitable work (Hartman, 2016). Messaging such as "Give a Year, Change the World" or "Develop the World, Develop Yourself" are commonplace.
Inattentiveness to Asymmetrical Power Relationships	Inattention to the political, historical and economic roots of inequality may result in reproducing colonial relationships and a charitable approach to service which reinforces the power position of the global North to help the poor and less fortunate 'Other.' Host communities are often taking care of students in their charge, keeping them busy at work and or dialoguing with them, which can be burdensome and problematic (Heron, 2016).
Exploitation of the Host Community as Research Participants	Exploitation of the host community as research participants often encompasses mining of data to advance the goals of the global North. The host community in the global South may not speak critically about the effect of having international students, given the economic stakes involved (d'Arch, Sanchez, & Feuer, 2009; Schroeder, Wood, Galiardi, & Koehn, 2009).
Unethical Marketing and Advertisement to Promote International Experiential Learning Programs	The current marketing of international experiential learning programs focuses on the deliberate beautification of an object, subject or scene to secure future business for the industry as well as justify the continued presence of learning abroad in the global South (Clost, 2014, p. 231).
Revolving Door' Nature of the Exchange Between Students and Hosts	The idea of shorter duration experiences is becoming the norm. The host community often has students coming in and out of their site but is it worth their time, energy and effort? Some evidence exists that longer-term (12+ weeks) student placements are preferred by host communities (Larsen, 2016; MacDonald & Vorstermans, 2016) while others suggest that short-term (fewer than 8 weeks) student experiences are preferred by community members because it gives the greatest economic impact, despite deeper relational benefits (Smedley, 2016).
Overemphasis on Career	In today's world, as a competitive way to improve the resume, promote career enhancement and international skill development (Tiessen, 2014) universities desire for their students to internationalize and experience a different professional global environment. The emphasis becomes one of professional experiences rather than one creating thick forms of global citizenship defined as fostering understanding of the moral obligations that follow from connections, linkages and shared responsibilities in the realm of justice for all and modeling responsible ethical behavior (Cameron, 2016; Feast, Collyer-Braham & Bretag, 2011; Dobson, 2006).
Development and Professionalization of the Experience	Some students arrive with the idea that they can fix or change the communities they are visiting and may find themselves in a place of crisis as they are confronted with letting go of their expectations (Agudey & Deloughery, 2016). Moreover, students cannot help but arrive with Western values and beliefs, and this Eurocentric gaze in non-Euro cultures enhances the sense of difference and often superiority (Mohanty, 2006). Yet, this "helping imperative" or "desire to help" is paternalistic and recreates a particular image of people living in the global South as those in need of help or charity (Tiessen & Huish, 2014; Clost, 2014; Heron, 2007).

Ethical Dilemmas	Definitions
Student Voyeurism of Host Communities	Some students arrive with the idea that they can fix or change the communities they are visiting and may find themselves in a place of crisis as they are confronted with letting go of their expectations (Agudey & Deloughery, 2016). Moreover, students cannot help but arrive with Western values and beliefs, and this Eurocentric gaze in non-Euro cultures enhances the sense of difference and often superiority (Mohanty, 2006). Yet, this “helping imperative” or “desire to help” is paternalistic and recreates a particular image of people living in the global South as those in need of help or charity (Tiessen & Huish, 2014; Clost, 2014; Heron, 2007).
Students Perpetuating Stereotypes On-Site	Students’ values cloud the types of work that the community wishes to conduct on the ground which reifies cultural senses of the North’s superiority and perpetuates stereotypes of the global South.
Student Privilege & Entitlement	Students need to become highly aware of their social identity privileges and how these may impact their sense of entitlement and their relationship with the host community and international experiential learning experience. Students often pay little attention to understanding how their privilege and the historical relations of power reproduce global inequalities (Larsen, 2016). Students may experience guilt that is triggered when their privileged identity is implicated in the subordination of others; yet their emotional experience of guilt is prioritized, disabling their capacity to critically engage in activist forms of practice (Thomas & Chandrasekera, 2014). Privilege also includes the ability to travel to learn [which is] often predicated on enactment of privilege and an ability to move across borders (MacDonald, 2014). Northern students carry a sense of entitlement to choose what part of the culture to respect (Heron, 2016).
Shallow Student Reflection	Students who are mainly interested in voluntourism and professional development may not reflect deeply on their international experiential learning experience. Ill-prepared Northern students may engage inappropriately in the cultural context of their host communities e.g., through unsuitable ways of addressing elders, transgressing gender norms, public displays of affection, wearing inappropriate clothing and accessories, refusing to eat local food served by the host families, behaviors associated with drinking and smoking irresponsibly (Kozak & Larsen, 2016). The problem with shallow student reflection is that it perpetuates colonial stereotypes, social hierarchies, and western conceptions of North-South relationships (Hartman, 2014).

For full report please visit link: Farzana Karim-Haji, Pamela Roy, and Robert Gough. *Building Ethical Global Engagement with Host Communities: North-South Collaborations for Mutual Learning and Benefit*. https://international.uwo.ca/pdf/Ethical%20Engagement%20Guide_2016.pdf

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Activities

Not everything that is faced can be changed, but nothing can be
changed until it is faced.

*-James Baldwin
American Novelist and Activist*

This section of the sourcebook is intended as inspiration for formal and informal teaching and fostering of critical and ethical global engagement.

Each chapter (Chapters 3 to 9), offers a detailed account of activities carried out by Western scholars and partners to encourage students and participants to rethink power dynamics and begin their reflexive journey. Each chapter discusses a specific approach, process, concept, or framework used to engage students and stakeholders. Each activity can be adapted to unique situations in any context. We have also included additional resources and links to full reports which are available online for reference.

We recognize that these activities cannot eliminate uneven grounds of engagement in global health work; they can, however, serve as conversation starters we regard as effective and necessary within intentional efforts to augment critical engagement with and within global health practice.

This sourcebook will be revised annually. If you would like to submit an activity for inclusion in a revised version, please contact Western Associate Professor Elysée Nouvet: enouvet@uwo.ca for submission guidelines.



3

Reflecting on Positionality and Developing a Positionality Statement

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Contributor: Sara May Chitty
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In Recognition: This activity is shared with permission from the Author Labatt Family School of Nursing at Western University as it is part of their Nursing 3310 – Health in a Global Context course.

Learning Objectives:

- Create self-awareness of systemic and interpersonal power relations.
- Evaluate personal positionality.
- Consider identity or identities benefit(s) from the oppression of others.
- Recognize personal identity or identities shape(s) the way you think about others.
- Reflect on how personal positionality shapes an individual's perception of the world and society's perception.

Introduction

Exploring one's positionality is necessary to develop a personal and professional understanding of structural oppression and groups' marginalization. Further, the process of developing a personal positionality statement supports learners to reflect on their identities, the intersectionality of these identities, and how personal positionality shapes the way individuals interpret the world around them. This process may also help learners consider how the world perceives them and how society perceives individuals' ascribed social distinct identities.



Strategic purpose and background

This activity was administered in a mandatory asynchronous online Year 3 Nursing course with approximately 340 enrolled students. The online course was designed to create a seminar-like feel for students, assigning them into groups of 20 individuals for the term's duration. Learning management software was used to assign these 20 students into small group discussion forums online, to create a sense of community and connectedness in an online learning environment. While this activity was administered within the nursing field to strengthen practice, it is considered relevant and necessary for everyone regardless of profession.

Format of the activity

Students were asked to develop individual positionality statements and post these in their small group discussion forum. The online discussion forums were set to anonymous, so students' identities were not revealed to their peers. Students were asked to read the positionality statements of their peers. Learners were only able to view discussion postings within their group. As such, they were only able to see their small group's positionality statements and not those of the entire class. The timing of this activity, at the beginning of this course, was selected for a multitude of reasons:

- *Students were upper-level Year 3*
- *Students had already been exposed to reflective practice activities in other professional practice courses within the program*
- *The first week explored cultural constructivism, power, privilege, positionality, and intersectionality in the context of global health.*
- *Self-awareness of positionality was a prerequisite for engaging with content across the duration of the course.*

Below are instructions for the activity. These instructions are modifiable to meet the needs of the learners.

Positionality Statement Activity

Although nurses, healthcare providers, and other professionals strive for objectivity in practice, it is impossible to be truly objective. As individuals, we bring our subjective biases to patient care and professional exchanges. Many of us are unaware of how our understanding of ourselves profoundly connects to the cultural, social, economic, and political structures that govern our lives. In turn, these structures influence our behaviours and the interpretation of our experiences. We must recognize the complexity of identities and experiences and begin the process of understanding the many different aspects that form our identities and how they inform how we perceive others and how others perceive us.

Understanding positionality requires becoming aware of your identities (i.e. race, class, ethnicity, gender, sexual orientation, ability status, etc.) and how these identities intersect, shape, influence, and bias your view of the world. Positionality seeks to advance self-awareness of systemic and interpersonal power relations. It recognizes that one (or more) identities may benefit from the oppression of another. As a nurse/healthcare provider/professional, your positionality shapes your interaction with patients and others. A person's identity (i.e. race, gender, class, etc.) and experiences also interact to affect their perception of the world, healthcare, and how society may perceive them.

Discussion forum instruction

Students developed, shared in their group's discussion forum, and read one another's paragraph-long positionality statements describing how their identity markers (i.e. race, gender, ability, etc.) inform how they see the world near them. Students were asked to practice personal critical reflection and peer respect for this activity. This exercise may elicit a variety of emotions, including discomfort or even anger; as a nurse/healthcare provider/professional, this is an integral process to developing a professional understanding of marginalized groups' structural oppression of obtaining health.

Sample positionality statement

As an example, the first author shared her positionality statement with students alongside the instructions:

"My name is Ashley; I am a middle-class white cis female married with two young children. Growing up in a low-income family has afforded me the lens that class does not affect one's ability to work hard and experience happiness. As a female, I may be disadvantaged by the patriarchal lens our society holds. I feel that this has impacted me from a structural lens as childbearing has regressed my career development, an experience that does not typically affect males. As a white Canadian, I have undeniably received systematic power and privileges. I have never experienced any form of racism because of my skin colour. With respect to my sexuality, I identify as heterosexual and recognize that the union between myself and my husband avoids oppressive societal forces that many others experience. I was born in Canada and have Irish heritage. I do not practice traditional Irish beliefs and am Agnostic; living in a secular society, I do not perceive these beliefs to attract any form of oppression. I am healthy and able-bodied, which affords me the privilege to be free from discrimination against my body. I have had the opportunity to complete over eight years of university-level education and am very mindful of the power that I have gained through this knowledge acquisition and holding the designation of



Registered Nurse. I work as a Lecturer and currently live in New Hamburg on the traditional lands of the Anishnaabeg, Haudenosaunee and Mississauga peoples. I acknowledge historical and ongoing injustices that Indigenous Peoples in my community experience and, as a settler, have a responsibility to honouring treaty relationships. I believe this exercise is important for nurses and health practitioners, as being mindful of how others may socially construct you and how your identities might inform your social construction of others is a beginning step to patient-centred care."

Reflection on activity and lessons learned

Consider reflecting on and including your identities related to ability status, race, ethnicity, gender, sexuality, and class. You are not required to disclose any of this information in the anonymous discussion forum; however, I ask you to reflect on these social identities to support your development as a self-aware nurse/health practitioner/professional. Please feel free to include any other meaningful identities to your individuality (i.e. religion, political affiliation, etc.). Again, I would like to acknowledge that this exercise may challenge you emotionally; if you require support, please do not hesitate to connect with me or review the support services available to you at Western found on the course Overview site and within the course syllabus.

Tips & Considerations

- This activity should not be graded. This is a formative activity that supports self-reflection and personal development. All students should be allowed not to participate if they so choose.
- Ensure that students have been provided with contact information to support their mental health, should this activity illicit a need for additional support. i.e. Student Health Services.
- You may choose to do this activity anonymously or transparently. The benefit of using an anonymity approach is to provide learners with a sense of safety. If done transparently, consider establishing a safe classroom environment among peers.
- It is possible to complete this activity with a large group of learners. However, it is recommended that for large cohorts, learners be divided into smaller groups to facilitate sharing of their positionality statements.
- The above-described activity was asynchronous. It is also possible to complete this activity in an in-person format. In taking an in-person approach, it is recommended that each learner develop their positionality statement before attending class. If facilitating positionality sharing in-class, it is recommended that students be divided into groups of approximately 10 participants. It is also recommended that each group should have a skilled facilitator present to support students if they experience any challenges during this activity. The physical environment should be arranged to create a safe space for sharing—for example, a circle of chairs facing each other with no barriers between participants.
- *Anonymous In-Person Facilitation Option:* Students bring their typed positionality statement to class with no identifiers on the page and place it face-down on the instructor's desk. The instructor shuffles the students' positionality statements and distributes them to the learners. The instructor should ask learners to divide into approximately ten groups and sit in a circle facing each other. Learners should be assigned a peer's statement and asked to read their peers' positionality statements to their small group.

Each student will take a turn reading until all small group members have completed reading the positionality statement their instructor has provided them. Afterward, the facilitator should conduct a debriefing discussion with the students by asking open-ended questions that promote reflection. For example,

- How did you feel when you were reading another person's positionality statement?
- What were you thinking when you were listening to others read positionality statements?
- What was meaningful about this experience?
- What was difficult about this experience?

NOTE: ***Use caution in assuming this approach provides full anonymity. Students may still be identifiable from their positionality statements. For example, if one Black male is present in your learner group, and they identify this in their positionality statement, they will not be afforded anonymity in this activity.***

Transparent In-Person Facilitation Option: Students bring their pre-prepared positionality statement to class. The instructor divides the learners into approximately ten groups and asks them to sit in a circle facing each other. The instructor should ask learners to read their positionality statements to their peers in their small group. Each student will take a turn until all small group members have completed reading their positionality statements. It is recommended that the skilled facilitator encourage the group to clap after each reading and/or offer words of empowerment to their peers. Following the reading of all the positionality statements within a small group, the skilled facilitator will conduct a debriefing with the students by asking open-ended questions that promote reflection (Examples above).

NOTE: ***Conducting this activity in-person requires a skilled facilitator able to support students experiencing challenges that may arise. This approach is only recommended for learners that are sufficiently prepared for an experience such as this. It is recommended an in-person approach may be used with caution at initiating a course or workshop. An in-person approach may be better placed later in the learning sequence once students have had sufficient time to develop meaningful relationships with peers and instructors have had sufficient time to create a safe learning environment.***

- **Consider the timing of where this activity is placed in your learning sequence.** The example that has been shared with you was delivered to Year 3 Nursing students who already had significant exposure to reflective practice activities and a variety of issues related to social justice and inequity. Learners may not be prepared to complete a higher-order reflection activity, such as this, in Year 1. **Ensure learners have had opportunities to develop their reflective practice skills before initiation of this activity.**

- **Consider the timing of where this activity is placed in your learning experience.** The example outlined here was facilitated anonymously and used as a pre-assessment in a Year 3 Nursing course that explored social injustices related to health issues in a global context. If you choose to complete this activity transparently, you may consider facilitation midway through the course to provide sufficient time for learners to develop meaningful relationships with peers and for instructors to create a safe learning environment.

Multiple Frequency Option: You may consider asking students to complete this activity more than once. You may use this as a pre/post assessment related to a meaningful learning opportunity. For example, you may ask them to initially complete this pre-departure training activity before an international learning experience. Following home country re-entry, they may be asked to re-develop their positionality statement and reflect on any changes they have made during debriefing. Alternatively, you may choose to administer this activity pre/post a workshop or course. For example, you may ask learners to complete this activity pre/post an Indigenous cultural safety training course.

Definition of terms

- Race: <https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1/item/22869-race>
- Class: <https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1/item/22807-classism>
- Ethnicity: <https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1/item/22825-ethnicity>
- Gender: <https://www.the519.org/education-training/glossary#G>
- Sexual Orientation: <https://www.the519.org/education-training/glossary#S>

Check out the following links to explore terminology related to identities:

- <http://www.vawlearningnetwork.ca/our-work/glossary/index.html>
- <https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1>
- <https://www.the519.org/education-training/glossary#G>

The Global Health Research Equity Assessment Tool (GHREAT) A self-reflexive tool for ethical research partnerships

Author: Erynn Monette, , Bob Gough, Innocent Iyakaremye, Phaedra Henley, Marlene Janzen Le Ber, Abe Oudshoorn, David McHugh, Maxwell Smith, Elysée Nouvet

Introduction

The Global Health Research Equity Assessment Tool (GHREAT) is a reflexive, qualitative tool intended for use by global health research teams, particularly those involving partners from two or more countries. It was developed by researchers from the University of Global Health Equity, the University of Rwanda, and the University of Western Ontario to guide individual researchers, research teams, and institutions through the process of defining what it means to uphold equity as a core value of their research process in the context of their particular partnership.

The process of engaging with this tool helps partners clarify what it means to enact equity in day-to-day practice for the team completing the tool. While seeking to advance conceptual understandings of equity in global health from the ground up, this tool can also serve quality improvement aims: its results may identify challenges and areas in need of improvement or provide potential strategies to strengthen equity practices for individual researchers, teams, and institutions. This article summarizes the rationale for, development, and recommendations for use of the GHREAT, and presents it for your consideration to apply within your global health research partnership.

Background

The term “equity” has become a buzzword among global health professionals in recent years; however, it can be difficult to pin down what exactly this word means in practice (Arcaya et al., 2015). While global health researchers agree that equity is a fundamental value on which all global health work should be founded (Boum II et al., 2018; Gautier et al., 2018; Jenstch & Pilley, 2003; Murphy et al., 2015; Plamondon et al., 2017; Plamondon et al., 2019), there is a lack of clarity regarding what it looks like to put “equity” into practice (Monette et al., 2021).

In an attempt to elucidate what equity means and looks like in global health research contexts, global health experts around the world have proposed different principles that must be present within an “equitable” partnership (Canadian Coalition for Global Health Research, 2015; Costello & Zumla, 2000; Larkan et al., 2016; Netherlands Development Assistance Research Council, 2001; Raza, 2005; Steenhoff et al., 2017; Swiss Commission for Research Partnerships with Developing Countries, 2012), particularly those existing between partners in the “Global North” (countries or institutions

holding considerable economic and logistical resources, often located in the Northern Hemisphere) and “Global South” (countries or institutions with limited or fewer economic or logistical resources when compared with those in the Global North, often located in the Southern Hemisphere) (Bradley, 2017). While these principles highlight a number of key considerations or actions that must be in place in an “equitable” partnership, there is no consensus on which of these considerations is foremost (Monette et al., 2021). Given this reality, it is apparent that different aspects or principles of equity might be of more importance to some individuals or organizations than others. The way in which one partner defines or measures equity might differ from that of the other. This disparity has potential to be a point of conflict in global health research partnerships if teams do not explicitly lay out expectations for what an “equitable” partnership looks like and how it functions in their view and practice.

Although global health researchers agree that initial conversations laying out these expectations are necessary and recommended for the formation of positive, and productive global health partnerships (Boum II et al., 2018; Larkan et al., 2016; Raza, 2005), these conversations can be uncomfortable and challenging to initiate (Geissler & Okwaro, 2014). Given these challenges, a need exists for reflexive tools to assist global health research teams in facilitating these conversations in a productive manner that mitigates potential barriers and limits the confounding effects of active power dynamics. In particular, there is need for a tool to walk research partners through the process of determining what “equity” means to them in the context of their research relationship. A group of researchers from the University of Global Health Equity in Rwanda and the University of Western Ontario developed the GHREAT to meet this need.

Development Process

Development on the GHREAT first began in September 2018, when team members from an international development initiative based at the University of Western Ontario, entitled “Health equity in context: Local solutions for global problems” first met to discuss the creation of a survey to determine whether or not Western’s research partnerships were upholding equitable standards of practice. Over the next six months, team members from three universities, Western University, the University of Rwanda, and the University of Global Health Equity, met monthly to discuss and develop a draft of such a survey. It soon became clear that what was in the works could be used as a tool to support research teams in defining what equity means to them and assist them in identifying how to foster equitable practice in various research projects. As such, it was decided that the survey should instead be developed into a tool, and that this tool could eventually be developed for global use by research partners looking to better attend to inequities that may exist within their partnerships. In order to develop a well-informed draft, the tool was collaboratively developed by researchers in Canada and Rwanda.

This Canada-Rwanda collaboration is ideal because it allowed the tool, even in its developmental stages, to be informed by multiple viewpoints within an international research partnership, optimizing the likelihood that the final tool would be relevant in different national and institutional contexts.

Once the initial version of the tool was completed, it was workshopped by faculty and students at the university of Western Ontario to identify its strengths, weaknesses, accessibility of language or wording, and completeness. It was also presented to experienced global health professionals and researchers at the NextGen symposium at the International Development Research Centre in Ottawa, Canada for additional feedback. In order to ensure that the tool was practically accessible in both higher- and lower-resourced settings, both an online and physical copy of the tool were developed.

Recommendations for Use

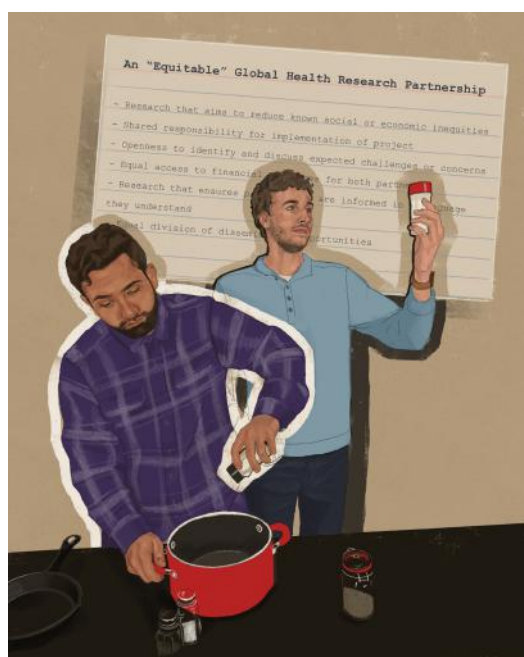
The GHREAT may support any global health research team looking to clarify what equity means to their team members in their particular research context; however, it is particularly recommended for use by partnerships between institutions or organizations in the Global North and Global South. Partnerships of this nature are often challenged by resource disparities that can lead to power and equity imbalances, even in partnerships with the good intentions to prevent these (Bradley, 2017). While the GHREAT can be completed at any point in the research process, it is strongly recommended that teams introduce the tool as early as possible in their work.

The sooner a team is able to identify their priorities when it comes to practicing equity, the easier it will be for them to implement processes and measures to uphold those priorities. Employing this tool early will also normalize explicit conversations around equitable practice within the team, setting precedent for an open line of communication throughout the research process.

Ideally, the GHREAT should be completed by all research team members. This may include team leaders or principal investigators, co-investigators, research coordinators, students, or volunteers. If it is not possible for all team members to complete the tool, then team leaders should do their best to ensure that the tool is completed by a variety of individuals with different levels of involvement in the research. This recommendation stands to mitigate any potential bias that could arise from power dynamics within the team. What a team leader might see as a problem might not be seen as an issue from a student perspective, or vice versa. By involving all team members in the tool completion, regardless of knowledge or experience level, all responses and perspectives can be given equal weight within the team when answers are reviewed.

In light of how existing power dynamics may influence understandings and priorities for equitable practice, it is recommended that each member of the research team complete the tool individually, without input from other team members. Team leaders might also consider de-identifying answers (i.e. have individually completed tools submitted anonymously) and presenting the amalgamated answers so that those who feel they have less power within the research relationship might feel free to answer as openly and honestly as possible, without fear of retribution for potentially critical answers.

After completion of the tool, answers should be reviewed with the whole research team present. Together, teams should identify which practices are commonly marked as highly important to their members and discuss why this is the case. Using these answers as a starting point, teams should brainstorm and lay out strategies for how they will prioritize these practices in their work, ensuring that those highly important aspects of an equitable partnership are attended within their team and their research. This tool can be completed as many times as desired throughout the research process, and frequent revision of and reflection on the team's answers are highly encouraged as the research progresses.



Additional Considerations

Above all, the GHREAT is intended to be a conversation starter. Leaders should keep in mind that the tool is meant to facilitate reflexivity within the team, and to foster a positive and open partnership that welcomes criticism and discussion regarding where improvement can be made. The GHREAT should not be considered a “check box” to be marked as complete or incomplete; instead, it should serve as a spark to ignite extended dialogue about research values and practice. Teams may wish to re-administer the GHREAT at various points in their partnership, as their work progresses, and with the goal of supporting ongoing reflection on and attention to equity within

their partnership. While use of the GHREAT can serve as an effective starting point for teams looking to enact equity in their partnerships, it must also be emphasized that conversation does not always beget action. Working through the GHREAT requires that teams take time to: discuss their answers; reach consensus on which aspects of equity are most and least important to those on their research team; and decide together how they will implement processes and measures to prioritize those aspects that are critical to members of their team. This implementation takes commitment and will often require teams to revisit their answers at various points in the research process to ensure that they remain on track to achieve their goals.

The Global Health Equity Assessment Tool (GHREAT)

intended for use by global health research partners to define what equity means for them and what aspects of equity are most important, in their views, in the context of their work and partnership.

Preamble

Welcome to the Global Health Research Equity Analysis Tool (GHREAT). This tool allows you to reflect on your experience in Global Health Research (GHR). The tool's focus is whether the GHR you have been involved in the last 5 years enacted principles of equitable partnership in its design and implementation.

This tool can help individual researchers, research teams, and institutions assess the extent to which their research partnerships align with the Global Health Research core principle of equity. While seeking to advance conceptual understandings of equity in Global Health from the ground up, this tool can also serve quality improvement aims: its results may identify challenges and areas in need of improvement or provide potential strategies to strengthen equity practices for individual researchers, teams, and institutions. The process of engaging with this tool would clarify what it means to enact equity in day-to-day practice.

This questionnaire consists of five sections. Each section asks about a different aspect of your participation in and values within global health research partnerships or your experience within a specific stage in the research process. Please answer each question to the best of your ability. If you do not know the answer to a question or have not yet reached the respective research stage for a particular section, please select the "prefer not to answer" option. If you do not wish to answer a multiple-choice question, please select the "prefer not to answer" option as well. If you do not wish to answer an open text question, you may leave it blank.

Table 1: The Global Health Equity Assessment Tool (GHREAT), intended for use by global health research partners to define what equity means for them and what aspects of equity are most important, in their views, in the context of their work and partnership.

Defining Equity: A Tool for Global Health Research Partnerships
<p>Which of the following do you regard as crucial to a global health research project being equitable? (Please select all that you consider crucial; note that there is no minimum or maximum number of selections per section):</p> <p>DEVELOPMENT OF THE RESEARCH QUESTION(S)</p> <ol style="list-style-type: none"> 1. Research that aims to reduce known social or economic inequities 2. Research that prioritizes the needs of currently or historically lesser-resourced partners 3. Research developed with equal input from all partnering research teams 4. Research goals are defined in collaboration with individuals from historically underrepresented groups (e.g. non-researcher community members, social or economic minority groups) 5. Research that a marginalized group requests 6. Research that explicitly aims to draw upon and valorize indigenous ways of knowing 7. Research that makes room for potentially different project goals from different partnering teams <p>LEADERSHIP & DECISION-MAKING</p> <ol style="list-style-type: none"> 1. Research in which partnering research teams share leadership equally 2. Research where leadership and implementation responsibilities are divided between teams based on a clear discussion about what each team can and wishes to contribute 3. Research in which stakeholders with typically less power, such as community members, are supported to take on meaningful leadership roles 4. Research in which lesser-resourced partners maintain ownership, leadership and direction of the project 5. Shared responsibility for implementation of a project 6. Research that makes room for potentially different project goals from different partnering team <p>DEALING WITH CHALLENGES</p> <ol style="list-style-type: none"> 1. Research relationship in which there is openness to identify and discuss unexpected challenges or concerns 2. Research in which different research teams are equally responsible for identifying and troubleshooting challenges where implementation or other challenges are dealt with is designed with equal input from different research teams. <p>ACCESS TO MATERIAL RESOURCES AND TRAINING</p> <ol style="list-style-type: none"> 1. Partnerships wherein privilege and resource-based barriers to equity are explicitly acknowledged. 2. Research in which partnering teams share equal control over budget decision-making and administration 3. Equal access to financial resources for both partners (same funding amounts) 4. Research that provides equal opportunities for credit on publications and presentations to partnering researchers 5. Equal division of dissemination opportunities 6. Research that provides partnering teams equal access to and control over study data after the project ends 7. Research that ensures participants are informed of the results in a language they understand 8. Research that favors capacity-building of junior team members 9. Research that favors capacity-building for partnering teams or individual from currently or historically lesser-resourced countries, institutions, or groups. 10. Research that prioritizes compensation to investigators who require such compensation, based on their position in under-funded institutions or organizations 11. Some financial remuneration to co-investigators in lesser-resourced settings, in recognition that dedicating time to this research will take away from potential earnings from other sources 12. Some financial remuneration to trainees 13. Other (Please Specify): 14. Other (Please Specify):

Amongst the practices listed above, which three are the most crucial in your eyes to upholding equitable partnership in research? (List numbers)

Practice #1: _____

Practice #2: _____

Practice #3: _____

Why did you choose these three?

OPTIONAL FLIP: Amongst the practices listed above, which three are the least crucial in your eyes to upholding equitable partnership in research? (List numbers)

Practice #1: _____

Practice #2: _____

Practice #3: _____

Why did you choose these three?

Once each member of your team has completed this tool individually, compare and discuss your answers. Which aspects of equity are most important to your team? Which are least important? How will your team work to uphold these aspects in your practice moving forward?

END OF TOOL

Other tools that have been developed to support implementation efforts and could be used in tandem with the GHREAT. These include the Canadian Coalition for Global Health Research's "Partnership Assessment Tool" (Afsana et al., 2009), the Council on Health Research for Development's "Research Fairness Initiative" (Research Fairness Initiative, 2018), and Plamondon's (2020) "Tool to assess alignment between knowledge and action for health equity."

Conclusion

As a discipline, global health has come a long way in prioritizing equity in research partnerships. In recent years researchers have increasingly reflected on what it means to practice global health research equitably and have begun looking for ways to demonstrate their commitment to equity as a core value in research. As a tool, the GHREAT stands to support global health researchers and their teams in this endeavor, elevating their efforts to implement equitable practice in ways that are meaningful to them in their particular research context. In using the GHREAT, researchers begin a journey with their teams to make equity more than just a goal for the outcomes of their research; it becomes a part of the research process itself.

For the full publication please see: Monette, E. M., McHugh, D., Smith, M. J., Canas, E., Jabo, N., Henley, P., & Nouvet, E. (2021). Informing 'good' global health research partnerships: A scoping review of guiding principles. *Global health action*, 14(1), 1892308. <https://doi.org/10.1080/16549716.2021.1892308>

5 World Café Unpacking Ethical Dilemmas through Cross-Cultural Case Studies

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In Recognition: This activity is shared with permission from the Author Labatt Family School of Nursing at Western University as it is part of their Nursing 3310 – Health in a Global Context course.

Learning Objectives:

- Reflect on how one's own culture(s) have influenced the development of one's beliefs and values
- Explore how one's personal values align with professional values within professional practice
- Discuss how culture may influence approaches to "ethical" decision-making
- Discuss the application of professional, ethical beliefs beyond the geographical borders in which they apply
- Reflect on how values and beliefs may be different across cultures and how one may unravel the application of the lens of superiority to these differences

Introduction:

Unpacking personal, professional, and culturally situated values is essential to support cross-cultural collaborative practice. Frequently, we are blinded to the norms of societies in which we are situated, especially when one's belief systems align with dominant beliefs in one's societal context. Often, in cross-cultural interactions, individuals experience the misconception that their culture is superior. These perceptions may be situated in historical and contemporary injustices rooted in colonialism that have created imbalances in power and equity across cultures. Unpacking and exploring individual values and beliefs supports learners in creating personal awareness and developing competencies in ethical collaboration across various social contexts.

Purpose:

This activity intends to explore case studies that involve issues of ethical dilemmas that are layered in cross-cultural interactions. It exposes learners to various case studies and involves a whole-class collective at developing a response. The cases are intentionally contentious and provocative, to provoke learners to self-reflect on their personal values systems and how these values may be situated within their culture. There are no "right" or "wrong" answers to the case studies; instead, the purpose is to create self-awareness and promote discussion of complex issues in navigating cross-cultural ethical dilemmas.

Activity Format:

Required Resources:

- A classroom environment with movable tables and chairs
- Projector for participants to visualize posed questions
- Chart paper, markers, and pens for taking notes about the case studies
- Printed copies of case studies

Instructions:

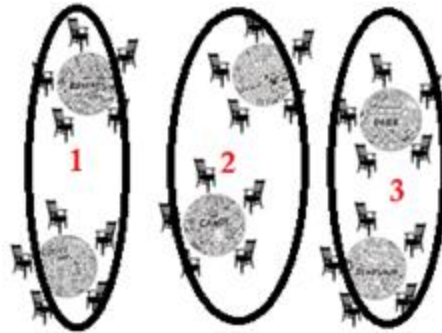
1. Discuss ethical practice standards of professional associations using a local and international lens. For those using this activity whose learners have not yet been exposed to professional guidance on ethical practice, you may consider reviewing the Code of Ethics and Professional Conduct (2017) by the World Health Association. A copy can be accessed using this website (https://www.who.int/about/ethics/code_of_ethics_full_version.pdf) or you may also consider asking participants to complete the free Ethics and Integrity at UNICEF 2020 online learning modules before attending class (<https://agora.unicef.org/course/info.php?id=28782>). NOTE: This is a 3-hour activity, consider asking participants to complete this learning before meeting or limit the didactic lecture content to 10 to 15 minutes.
2. Ask the participants to form groups, sitting in a circle with tables at the center. In the 100-student course for which this activity was initially designed, the participants were asked to create six groups of 15-20 members and an image was displayed on the projector to demonstrate the classroom set-up (Figure 1).

Figure 1:



3. Assign each table a different case study (Figure 2). Participants rotate through the tables without the chart paper and case studies. One of the goals of this rotation approach is to explore students applying the ethical framework to more than one context.

Figure 2:



Give groups 2-3 minutes to assign roles (project instructions on screen): “When unpacking your assigned case study, you may consider delegating the following roles within your group:

- Case Reader: reads the case and sets the stage for the discussion
- Notetaker: writes down the group’s thoughts
- Timekeeper: Keeps the group within allotted time
- Organizer: ensures the conversation is staying on task and answering all the required questions
- Group Leader: moderates group discussion to build consensus
- Summarizer: concludes the discussion, summarizing the key points explored and present to the larger group

Once roles have been assigned, ask the Case Readers of each group to read the case. Give group members copies to follow along.

Reveal Step 1 of the ethical framework to the class (on the projector): Identify and Clarify the Ethical Issue

- What is the issue?
- Who are the stakeholders?
- How is the issue perceived from different perspectives?

Ask students to discuss for approximately 5 to 8 minutes in relation to the case at their current station. Then, give students 2 minutes to write down their responses.

Repeat # 6 with Step 2 of the ethical framework: **Discuss and List Care Priorities**

What is vital in the health of this client or population?

Ask the participants to rotate groups, establishing a flow that will be followed for the remainder of the activity. For example, in the front row of the class, case 1 moves to case 2’s table, case 2 moves to case 3’s table and case 3 moves to case 1’s table (See below).

Figure 3:



At their new table, the Case Reader will read the case provided to the group AND the prior group's responses to Step 1 and Step 2 questions (approx. 4 minutes).

9 Repeat #6 with Step 3 of the ethical framework: Gather Information

- What are the proximal, intermediate and distal contextual factors involved in this issue? [Proximal factors are social determinants of health, like education, household income, and race. Distal factors include colonialism, intergenerational trauma, systemic or institutionalized racism]
- What information is needed about these contextual factors to deliberate and make a decision?

10. Repeat #6 with Step 4 of the ethical framework: Explore Ethical Resources

- What values and norms should inform the decision-making process?
- Consider: Professional Practice Guidelines, Human Rights, principals to inform practice & local norms, values, and customs

11. Repeat #8 group rotation.

Once at their new table, ask the Case Reader to read the case that has been provided to the group AND ask them to read the prior group's answers to Step 1 through Step 4 (Approx. 6 minutes).

NOTE: Before you begin this step, you may consider taking a break in the class; this would be a good time to do so, as you are about half-way through the activity.

12. Repeat # 6 with Step 5 of the ethical framework: Evaluate and Select the Best Option

- What options are possible?
- What consequences might result from each option?
- What option is best under the circumstances?

13. Ask each of the Summarizers to share with the whole class a summary of Steps 1 to Step 5 of current assigned table including the group's final decision and how to address the issue. Once they have completed their sharing, Summarizers from other groups may share any differences to the discussion or approach at their table (Using this method will avoid repetition and reduce the time that this process takes). Repeat this process for Case 2 and Case 3. This may take about 25–30 minutes in total. At this time, the facilitator may ask some follow-up questions, and an organic class discussion may occur.

14. Provide the participants with Part B of the 2-part unravelling case study (See case studies below OR create your own). Consider not telling the learners that this is an unravelling case study; the element of surprise adds to the experience. Each group should be distributed several copies of Part B of the version of the case their table is assigned.

Ask the Case Reader to read Part B of the case to their group (Approx. 2 minutes).

Repeat # 6 with Step 6 of the ethical framework: Follow-up and Reflection

- What did you learn from this situation?
- From the context of the Canadian Nurses Association, was the selected response ethical? Why or why not?



15. Ask one of the Summarizers at one of the tables with Case Study 1 to share with the whole class Part B of the case and a summary of Step 6. Once they have completed their sharing, ask the Summarizer of the other group with Case 1 if there were any differences to the discussion at their table. At this time, the facilitator may ask some follow-up questions, and an organic class discussion may occur. Repeat this process for Case 2 and Case 3. This may take about 25–30 minutes in total.

Reflections on Activity

Steps 13 and 15 in facilitating this activity take much time. As the facilitator, allow organic discussion to ensure between the group and within groups with the whole class. For step 13, you may ask questions like, “Did anyone think that they would like to respond differently than the group’s consensus? Why” OR are any other groups surprised to learn of the Best Option that these groups selected? Why?

Alternatively, “What was difficult about selecting this best option?” For step 15, you may ask questions like, what do you do when your values do not align with professional values? What do you do when your personal values do not align with those that you are caring for? What challenges may exist in ethical decision-making across cultures?

Tips

- **It is possible to complete this activity with a smaller or larger group of learners.** The class size should determine the time allocation, a smaller class will require less time compared to a larger class. If your class size is more than 100, you may consider making this a two-step activity. Completing Steps 1-12 in one lecture and then Steps 13 to 19 in a second lecture.
- **Consider the timing of where this activity is placed in your learning sequence.** The example that has been shared with you was delivered to Year 3 Nursing students in week four of a 3-month course. Learners were at that point familiar with peers from other course offerings, establishing a context for healthy and respectful debate. They had been exposed to relevant concepts like distal determinants of health, cultural constructivism, and a variety of examples of global systemic inequities. Learners also had at this point in the program significant prior exposure to reflective practice activities and a variety of issues related to social justice and systemic inequities. Learners may not be prepared to complete a higher-order reflection activity, such as this, at the initiation of their program in Year 1. Ensure learners have had opportunities to develop their reflective practice skills before initiation of this activity.
- **Consider facilitating this activity midway through the course** to provide sufficient time for learners to develop meaningful relationships with peers and for instructors to create a safe learning environment before it is conducted.
- **While this activity was designed for in-class delivery, it can be redesigned for synchronous and asynchronous online courses.** For example, participants could be placed in groups of four-to-five for project work for the duration of the term and assigned an online discussion forum. The participants in this case should not see any other discussion forums in the class, to create a seminar-like feeling, as they work with a core group of 20 peers for the duration of the term/workshop. Subgroups of 5 participants could be assigned a specific case study and develop a recorded presentation where they unpack Part A of the assigned case study using the ethical framework that had been provided to them. After sub-groups post, ask the sub-groups to watch the other posted presentations in their 20-student discussion forum group and submit graded peer feedback based on a rubric.

Case Study Resources

NOTE: Please feel free to adapt these to your professional context.

Case Study 1: Alternative Approaches to Medicine (Non-Biomedical Model)

Case 1 Part A: You are a Pediatric Oncology Physician working at The Children's Hospital of Eastern Ontario. You have been caring for an 11-year old girl, who you have diagnosed with acute lymphocytic leukemia. You have had several discussions with the child's family concerning standard treatments and disease prognosis and have suggested a chemotherapy regimen that has an 80-85% survival rate for the patient's diagnoses based on her current staging. Throughout family meetings the parents have shared that they belong to a local Indigenous community and that they would like to incorporate traditional healing practices into the child's treatment. Today, they have shared with you their decision not to pursue the chemotherapy regime you have recommended and instead will be taking their child to their traditional healer to be cared for. They are signing the child out of the inpatient unit now against medical advice.

Considerations:

- Informed Consent for a Minor (Who gets to make decisions? What is the rule in Ontario vs. other countries?)
- Indigenous Ways-of-Knowing (Check out this link: <https://www.criaw-icref.ca/images/userfiles/files/Fact%20Sheet%202%20EN%20FINAL.pdf>).
- Would you consult the Consent and Capacity Board?

Case 1 Part B: Three years later, you are working in the Emergency Department of the same hospital. The same patient has entered the Emergency Department via ambulance after suffering a massive stroke related to complications for her 'untreated' illness. You look at her CT report and see that there is no differentiation between white and grey matter. Three days later, the family decides to withdraw life-sustaining measures and she dies in the Pediatric ICU surrounded by her loved ones.

Considerations/discussion starters:

- Is death always bad if it was the way you wanted to die?
- Does this case complicate your ideas about best practice?
- Are power relations and imbalances important to consider here? How so/why?

Case Study 2: Interactions between Cultural Practices and Global Health

Case 2 Part A: You are a nurse who has decided to go with IFRE Volunteers on a medical mission to rural Kenya. For the last month you have been working towards developing community partnerships and learning about the local culture, so you may provide more culturally competent care. You have taken on the role of circulating nurse for the small hospital that you are volunteering in and have had the opportunity to support many patients in a variety of minor surgeries. A traditional healer in the community comes to your team and requests assistance with performing Female Genital Cuttings, because they want to be sure that their girls are not getting infections from the procedure and have learned of the importance of infection control through interactions with your team.

Considerations:

- Is there greater good in doing this procedure so that you can offer support on other health issues?
- If you prevent an FGM from occurring, will the individual be shunned?
- If everyone there is in support of the procedure, including the law, what's the point of resisting it?
- FYI: Caring for Kids New to Canada (FGM Considerations) - <https://www.kidsnewtocanada.ca/screening/fgm>
- The following video addresses female genital mutilation. You may choose not to watch it, but it can provide further understanding of the experience: <https://www.youtube.com/watch?v=jBRRS6y2-68>

Case 2 Part B: The team decided not to support the traditional healer in their request. In the weeks that have passed since this decision, two young girls have sought medical attention within your hospital related to infection acquired during FGM procedures. One of your colleagues has experienced violence from a community member, throwing an object at the vehicle they were driven into the medical facility you are both working. When you traveled to the market yesterday, you had two people refuse to sell you goods from their shop. The team's decision has eroded the relationship with the community.

Considerations/discussion starters:

- How has the culture that you have been socialized in, influenced your current values and beliefs systems?
- When your culturally influences values and beliefs are in discordance with others, who is right and wrong? Is there a right and wrong?
- Male circumcision is legal in Canada. Why do you think FGM is different and/or a challenging concept to you?

Case 3: Distal Political Impacts on Global Health

Case 3 Part A: You are a healthcare practitioner working for an American not-for-profit situated in Koforidua, Ghana. The purpose of your placement is to develop a female reproductive health curriculum for local schools. The community in which you are situated holds a strong Christian belief system and prior sex-ed programs have preached abstinence and focused on HIV and AIDS. Informally, your coordinator has told you that you must be very careful towards your approach, as your organizations funding may be pulled if you discuss birth control due to local political matters in your home country. Moreover, abortion is a very 'sticky' subject within the community and there are concerns that mentioning this topic in the curriculum would erode long-standing community relations. Over the past month, you have performed a wind-shield survey and worked with key stakeholders to begin to develop a curriculum outline. You have begun to hold informal community forums for women to share their questions and concerns related to sexual and reproductive health. The word is out in the local community about you and your role. Following one of the community outreach sessions, two participants linger to ask you a question privately. These individuals ask you where they can get a "safe" abortion, as one of them is pregnant. Moreover, they inquire about which medication they can take to avoid pregnancy, so this same situation does not happen in the future.

Considerations:

- <https://www.guttmacher.org/fact-sheet/abortion-ghana>
- US anti-UN, anti-abortion orders threaten global health: Trump admin working on executive orders to cut global health programs, particularly for women's and reproductive health – <http://cmajnews.com/2017/01/26/us-anti-un-anti-abortion-orders-threaten-global-health-109-5390/>

Case 3 Part B: The nurse talks to the two women about ‘the pill’ and shows them what the packaging looks like, as she has hers in her bag. The women inform her it is impossible for them to go to the pharmacy and ask for this medication, as word will spread around the community that they have done this. The healthcare worker tells the women she is unsure where you can get a ‘safe’ abortion in the community and asks the women to not share that she has had this discussion with them. Months later, she sees one of the women she had this discussion with at the antenatal clinic.

Considerations/Discussion starters:

- How is the fact that you are a Canadian working outside your country and in the Global South significant to thinking through the ethics of this case?
- Do you feel it is important for your values and beliefs to align with organizations that you are working for? As a healthcare worker, do you represent an organizations mission and values? Does an organization represent yours?

Case Study 4: Varying Perspectives of Care and Professional Accountability

Case 4 Part A: You are a Labour and Delivery nurse, and have traveled with an NGO to Naypyitaw, Myanmar to support advancing pre-natal care in the Obstetric, Gynaecological and Children’s Hospital of Defence Services. You have been funded to develop a robust education program for midwives and nurses working in birthing in the hospital. You decide that you would like to perform several clinical shifts to gain a contextual understanding of supporting mothers intrapartum. On your first shift, you notice a midwife slap a labouring mother in the face several times because she wasn’t pushing hard enough. Over the course of the next few days, you will witness this type of abusive behaviour several times in varying verbal and physical forms. Due to low analgesia resources, many mothers are experience what you interpret to be severe pain, yet nurses and midwives continue to chart that the mothers are not experiencing any pain. Today you were providing labour support with a home country nurse, she pinched the mother you were caring for several times and called her derogatory names.

Considerations:

- How will your response impact the reception of your program?
- https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf?sequence=1
- Read: Provider’s perspectives
<https://academic.oup.com/heapol/article/35/5/577/5802543>

Case 4 Part B: After working alongside nurses and midwives, you decide to develop and implement a program about supportive and caring behaviours in the birthing room. At your first workshop, many staff attend as they were excited to learn about your perspectives to enhance obstetrical care. The following workshops, however, have low attendance and when you subsequently visit the unit, no staff was willing to partner with you as a co-caring nurse.

Considerations/Discussion starters:

- What goes through your mind and body as you come to understand you are no longer embraced as a partner?
- On what bases might the content or structure of your first workshop have impacted on uptake of subsequent workshops?
- Do you think you could have framed or developed the first workshop differently, and in a way to ensure repeat participation?
- What are your options for moving forward, after observing no one is coming to workshops?

Migration Impacts on Trauma and Health Simulation (MITHS)

Author: Dr. Lloy Wylie

Introduction

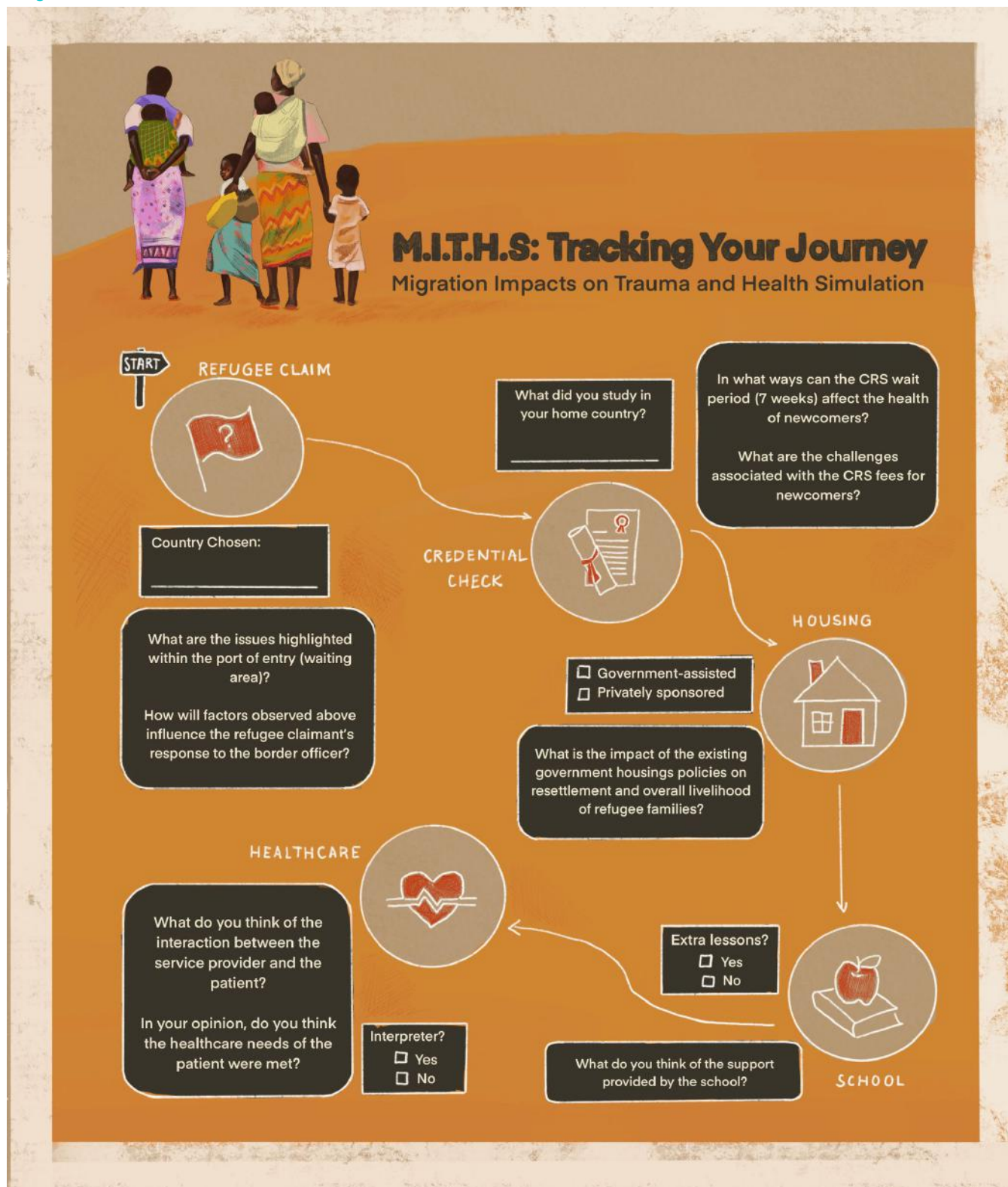
Through the Health Equity Interdisciplinary Initiative at Western University (2018-2021), Dr. Wylie's team created a video game-like simulation called: Migration Impacts on Trauma and Health Simulation (MITHS). Figure 1 (page 37) details the MITHS pathway in the simulation. This interactive simulation, where the user takes on the role of a refugee mother's perspective, is based on a role-play approach to teaching and learning, where students explore realistic situations through interaction within a controlled environment – in this case, virtual.

Strategic Purpose and Background

This simulation was born out of the Migration, Trauma and Health Team's overall goal to support families' health and well-being in connection to forced migration. This included the objectives to raise awareness about migration issues, increase knowledge of the impact of migration on health, and improve those providing settlement supports. This simulation aims to enhance understanding of and address the determinants of migrant health, using a lens of equity to analyze the structural violence experienced by migrants and how to address migration-specific issues. The target audience of MITHS ranges from settlement workers to students interested in migration issues and frontline workers engaging with migrant populations. This simulation will also apply to anyone looking to learn more about migrant issues and/or is working with migrant populations.

To develop a series of vignettes representing the refugee experience as an educational tool, the team conducted a literature review of migration settlement issues and mapping out the refugee migration journey. These scripts outlined the challenges along the migration journey, including refugee claims, credential recognition, housing, school experiences, and health care experiences. Since the team's research centred on lived experiences and community engagement, it was crucial to work with past migrants at the London Cross-Cultural Learner Centre (a non-profit organization) to verify the scripts and add any details they felt were missing. Once the scripts were finalized, the team worked with the Instructional Technology Resource Centre to film the vignettes and later integrated these into an online simulation for a unique learning experience. MITHS was facilitated as a test-run in 2 classes at Western University: an undergraduate One-Health class & a graduate Master of Public Health class. Both classes were virtual due to COVID-19, and proved to be implemented successfully in an online format.

Figure 1: MITHS



Based on feedback surveys that were conducted at the end of both classes, an analysis report was created and shared with the team regarding the change in users' perceptions of refugee experiences and likes/dislikes/suggestions to improve the simulation to make for a better learning experience overall. This report was reviewed, and necessary revisions have taken place, realizing that the simulation will be reiteratively edited and adapted, depending on contextual factors, such as classroom size and pre-existing knowledge of issues discussed.

Format of the Activity

The Migration Impacts on Trauma and Health Simulation (MITHS) game is an online simulation that allows participants to experience migration challenges. The game comes with information sheets as supplemental material to equip participants with more background knowledge for better learning.

Before users start, they are provided with the simulation's learning objectives are provided to prime individuals around what to look out for and set expectations of knowledge and skills that should be acquired by the end of this activity. In the simulation, the participants take on a mother's first-person perspective from a refugee family that has recently migrated to Canada. Participants then go through various migration stages, such as credential check, refugee claim, housing, healthcare, and schooling. In the initial stage, the participant is asked to choose amongst several nationalities in the game from which they will be making their refugee claim. The resulting outcome of this choice is programmed to be either positive or negative by chance. Participants then continue to make choices in each subsequent stage, with a different outcome being attached to each choice option. The participants either experience a negative or positive outcome depending on each choice made as they proceed through the simulation.

In some cases, the participant's choice may lead the family to the detention center. A short lecture is also embedded at the end of each stage to provide context and encourage discussions. Throughout the game, users are encouraged to pause, reflect, and jot down notes through discussion prompts provided by a journey tracking sheet (attached on next page). After the game, participants can be sent to break-out groups for discussion. The simulation is designed so that there is a likelihood participants will make different choices and experience different outcomes that can be shared with and discussed in the group.

Group discussion questions are included with the game as supplementary material, to facilitate this discussion. These include:

- *What new insights related to refugee migration did you gain from the game?*
- *In what ways are inequities fostered within key sectors under the refugee migration pathway?*

In addition, participants are asked to consider and share reflections on the following:

- How would you feel if you were told that you were in great danger and quickly had to leave behind your friends, home, and belongings?
- What do you consider the most difficult part of the refugee migration journey from the game?
- What five words best describe how you felt, at the end of the journey?
- Ultimately, this discussion invites participants to reflect on their decisions in the game, and their personal experience with the game. The impact of the activity can be evaluated using a survey provided as a supplementary tool with the game.

Reflection on Activity and Lessons Learned

Reflection for this activity is centered around exploring individual reactions, feelings and emotions evoked by the game. Participants are to make a list of actionable points describing what they think could be helpful to refugees under each category.

- What can be done in the sector/field you work/study in?
- What are specific avenues of change that can occur through policy, practice, and education?

Tips and Additional Consideration for Contextual Adaptation

Though the purpose of MITHS is to raise awareness around migrant issues, particularly the structural barriers that prevent a smooth transition when migrants resettle, this simulation needs to be facilitated in a clearly articulated and ethical manner to avoid any unintended consequences. As for any simulation, when not appropriately contextualized, it can lead to more harm than good. For MITHS, this may mean participants end up engaging in overgeneralization, stereotyping, and reinforcing false assumptions.

MITHS requires facilitators to prime participants with a brief, yet holistic overview of refugee issues, including reasons for fleeing their country, statistics around receiving entry to host countries, as well as quality of life indicators after resettlement in host countries. This ensures that participants are provided with an appropriate contextual background before beginning the simulation.

We have also provided information sheets as supplementary material for participants to reference throughout the simulation. While the simulation provides a snapshot of what refugees face during various stages of their journey, the information sheets supply detailed explanations that set the stage for why the scenario may have played out the way it did. Facilitators are critical for MITHS to be ethically conducted and be successful in its defined goals. This is not just before the simulation, but also afterwards. Once the simulation is completed, facilitators have the power to steer the direction of conversations that take place. As moderators, facilitators can ensure participants reflexively speak on topics of importance, all while guiding discussions through an equity lens.

Some additional tips that were useful for virtual classrooms were the use of pre-assigned break-out groups, as well as the function to divide groups on Zoom. The facilitator can then be available on standby for additional support and to oversee conversations taking place. Google Jamboards may also be used to visually brainstorm and answer the end-of-simulation questions, as well as record notes for when participants report back to the bigger group.

Key Terms – Categorized by MITHS Pathways

Educational Credential Assessments (ECA) : The evaluation of the validity of degrees and diplomas earned outside of Canada.

Occupational Mobility: The ability of an individual to transition between professions.

Detention Centre: A place where individuals are held as they await an assessment of their immigration status or removal from the country.

Canadian Border Service Agency (CBSA): A government body that protects Canadian borders by regulating the flow of travellers and trade.

Asylum Seeker: An individual who has applied for refugee status, and is awaiting the evaluation of their refugee claim.

Refugee: An individual who has fled their country to seek safety in another state.

Host Country: The country where a person settles in after leaving their home country.

Ghettos: Areas that have predominantly ethnic neighbourhoods, often labelled by society as 'undesirable areas'.

Cultural Sensitivity: Refers to the awareness and acceptance of cultural differences, and not favouring one culture over the other.

Privately Sponsored Refugee: A refugee who is supported by a group of people in Canada to aid with resettlement into the country. The sponsors must support the refugee for up to a year or until the individual is able to provide for themselves, depending on whichever applies first.

Government Sponsored Refugees: A refugee who is supported by the Government of Canada or Quebec in the resettlement process for up to a year or until the individual is able to provide for themselves, depending on whichever applies first.

Refugee Claimant: A person who has fled their country and is seeking Canada's protection at the borders or within the country.

Immigration and Refugee Board of Canada (IRB): The Immigration and Refugee Board is the decision-making body for matters concerning immigration and refugees.

Gatekeepers: Are individuals who control access at borders, they decide whether a refugee claim process will proceed to the next step.

Deportation: The action of removing an individual from their host country.

Opportunity to Appeal: The ability for an asylum seeker to request a secondary review on their refugee claim.

Marginalization: The process of rendering an individual or group powerless within a society.

Post-Migration Trauma: Stressors that are associated with the final phase of relocation within the host country.

Forced Migration: Refers to the involuntary movements of individuals within or outside their home country.

Link to Teaser: https://drive.google.com/file/d/1zAd_spunHGNxPR5zprd0Mw7RBsB0rLJV/view?usp=sharing

Link to Relevant Material:

https://drive.google.com/drive/folders/13S2jRFi3S8fe564_5a9XxcT9PZGq-vzN?usp=sharing

Mbwira Ndumva Symposium: From University Discourse to Community Conversation

Author: Joseph Kalisa

Introduction

Mbwira Ndumva is a series of community conversations in Rwanda inspired by the Health Equity in Context Interdisciplinary Development Initiative funded by Western University (HEIDI). Part of HEIDI's Community Education component, this conversation series was designed as a Rwandan counterpart to the City Symposium also developed in the context of HEIDI, for use in London, Canada (see Chapter 8).

Strategic purpose and background

The HEIDI-Rwanda team in 2018 started planning and implementing contextually adapted discussions whose purpose aligned both the community needs and HEIDI objectives. The Mbwira Ndumva Symposium constitutes a philosophically novel form of community education, bringing together scholars and non-scholars to address critical issues that affect the community, a kind of “bringing class to the community” and therefore “from university discourse to the community conversation.”

Mbwira Ndumva is an Kinyarwanda word that loosely translates to ***“Tell me, I am listening.”*** Since its launch in 2018, Mbwira Ndumva: From University Discourse to community conversations, has been much appreciated and has reached over 3000 people across different parts of Rwanda.



The discussions include conversations on different spheres of health, including but not limited to; Trauma and Violence; Domestic and Gender-Based Violence; Teenage Pregnancy; Health Disparities; Drug Abuse and Alcohol prevention, Suicide and Depression, among others.

These topics are derived with the local lens that best benefits the local community. At the end of each session, the participants respond through a quick online set of questions on what and who they would like invited to the next conversation.

The key aims of the conversations are:

- To create a platform for dialogue among members of society to discuss pressing health concerns in their communities.
- To connect scholars and practitioners to community members and support HEIDI researchers to teach and learn in a collaborative community-based approach and setting.

Format of the activity

Open conversations are held in public spaces. Spaces are chosen based on their accessibility for community members that may include schools, public libraries, community halls, and Youth-friendly centers.

To ensure that the topics discussed are relevant and respond to community challenges, community members suggest what they would like discussed. In addition, the organizing team invites a guest speaker from the area identified by the community, who joins the event panel with another community member(s) with lived experiences and a moderator who ensures that the rest of the communities kept engaged in interactive sessions, including during a Q&A session.

The main objective of the conversations is not to influence policymaking. However, key decision-makers who may influence policy are invited to attend. These include local community and opinion leaders whose understanding of the community challenges might influence decision-making. Indeed, we have seen a shift in mindset from some local leaders after holding Mbwira-Ndumva in their respective communities.

Additionally, in some cases, the local leaders have offered a welcoming note at the outset of a Mbwira-Ndumva conversation, and discussions have taken place with them present.

A critical component of the conversations is that researchers from academia who have investigated a health issue in the specific area are invited to present the findings. This provides community members with the opportunity to comment on what researchers are saying about their community or pertinent experiences. This is also an opportunity for community members to inform the researchers of important area of interest to them for future research.

Reflection on activity and lessons learned

In its first two years (2018-2020), the conversations have enjoyed vital partnerships with community organizations and institutions at every event held. We identify and approach a suitable partner, who then joins the organizing team on day-to-day planning and execution. This approach ensures that both topics and discussions run smoothly and are respectful of the host community's values.

The partnerships have also opened room for engagements in other HEIDI-related projects. For example, a Mbwira Ndumva event held in Nyabiheke refugee camp has opened discussions of a formal partnership with an implementing partner (Handicap International) to research refugee health.

Some of the partners who have supported included;

- Kigali Public Library
- Humanity and Inclusion
- African Leadership University
- University of Rwanda
- Huye District
- Rulindo District,
- Rwanda Psychological Society

Experience gained during Mbwira Ndumva conversations indicates that there can be a profound impact on engaging communities in shared platforms with researchers, experts, and people with lived experience. Members of the community have been able to gain tremendous knowledge and share their challenges that have informed researchers' work. The current pandemic disruptions mean discussions are now held online, making participation for rural participants difficult because of to reduced or lack of access to the internet. Creatively, the team is exploring harnessing partial lockdown to engage smaller groups while respecting social distancing.

City Symposium: Engaging the Public in Equity Topics: Tips and Best Practices (Why and how)

Author: James Shelley

Introduction

The City Symposium is a community engagement event series that ran nine events in 2019–2020. Event participation averaged between 125–250 attendees per session. The lead organization for the series was the Urban League of London, with substantial administrative and logistical support from the London Public Library. The Health Equity in Context (Interdisciplinary Development Initiative) at Western University provided primary staffing and coordination for the series. The operating program budget was donated (both in funds and in-kind) by a host of community sponsors and partners. The videos of all presentations are available at https://www.youtube.com/channel/UCGvycIOqvt_OC3bZaJ5zKiQ/videos.

Strategic purpose and background

Colloquially, the series is a hyper-localized take on the popular TED Talks format. The structure was designed from the ground up to create a room full of people who are not usually in the same room together.

From the perspective of academic research, the goal of the series was to bring relevant health equity research into broader community discourse, but not in such a way as to monopolize or own the discussion. Embedding a presentation of pertinent research alongside a civil servant, artist, and activist, all speaking to a common theme, positions research as a part of the equation, not as a full solution unto itself. As a result, the emphasis builds from the knowledge of data to relevance. These events' design aims to share research activity with the community in an engaging, constructive, and reciprocal environment.

In the early planning stages, we envisioned a kind of event that would foster "silo-smashing cross-pollination". The City Symposium is the result. For example, perhaps an attendee came because they were interested in an artist's work, but along the way encountered an academician's work, or vice versa.

Format of the activity

Each event featured four speakers

- An artist (creativity & culture)
- A civil servant (public institutions)
- An activist ('boots on the ground')
- A researcher (academic institutions)

Each speaker had 12 minutes to tell the story of a project. Our speaker directives were minimal but focused: we asked every presenter to tell a story (speak in a narrative arch) and provide a call to action (give attendees a tangible and constructive way to respond). After each presentation, a member of the host team (see below) conducted a short onstage interview with the speaker as a way to serve attendees by making explicit links between what they just heard and the question, "What can I do?"

Community Partnerships

Principal staffing for the City Symposium program came through the Health Equity in Context IDI, which was leveraged to support a wide-ranging partnership network in the community. These partners included core venues (library, museum, theatres), community nonprofits, broad faculty and department support, and private sector sponsors. (See City Symposium Community Partners on page 45 for a full list of community partners.)

The Urban League of London (a community program and neighbourhood association umbrella network) became the program's organizational home. While Western University seconded staffing, the program's operating budget lived at the Urban League. This partnership approach led to high co-ownership with the community and strong cross-promotion of the events. This partnership strategy was crucial for keeping the program in the community. We very intentionally did not want this to be a "university program" that happened in the community, but rather a community program that the university significantly resourced.

Reflection on activity and lessons learned

Partnerships are Everything

If a single organization or institution were to run the City Symposium, we estimate that the cost would range around \$3500 per event (coordination staffing, venue rental, insurance, videography production, promotion and marketing). However, through in-kind and community sponsors, the City Symposium 2019-2020 series ran nine events for under \$6000 in direct program expenses. Our back of envelop calculations estimates that community partnerships offset roughly about 425% of the series cost. This number is crucial because it represents the opportunity for each organization to be co-branded on a series that would be cost-prohibitive for many nonprofit organizations and public institutions to fund and execute independently. Emphasizing, showcasing, and celebrating these collaborations increases their return on investment for the affiliated organizations.

Consistency and Diversity

Based on the experience of running the previous series, we thought very carefully about each event's dynamics over the two years. We wanted solid consistency in audience experience so that members of the community would come with high expectations for an informative and provocative learning experience. Simultaneously, we wanted there to be dynamism and intrigue – adequate newness to ignite curiosity. Balancing the need for consistency with the need for diversity became a core program design pursuit. For the City Symposium, diversity came easily: the venues change, the themes change, the speakers change.

Also for consistency, the program structure (set presentation times, etc) remained relatively unaltered. The establishment of a host team at the outset of the program grounded the events with familiar faces and personalities. When running a series, we have learned that it is essential to carefully consider how the program does not become a sequence of separate, isolated events. Instead, we recommend aiming for a sequence of cohesive, interrelated gatherings, with an intentional margin for creativity along the way.

Production Value

Related to the value of consistency, the City Symposium deployed professional event management and execution measures. This management included production run sheets, stage timers, and presenter coaching. The specific value of all these behind-the-scenes support hours is hard to quantify, but we took an “audience experience first” approach to focus on doing everything we could to create an inspiring learning opportunity for attendees. There is no guarantee everything will go 100% according to plan (as anyone who has ever tried to plan a wedding fully understands). However, our goal was less about perfection and more about intentionality: what can we do through planning and preparation to foster the most meaningful learning experience possible?

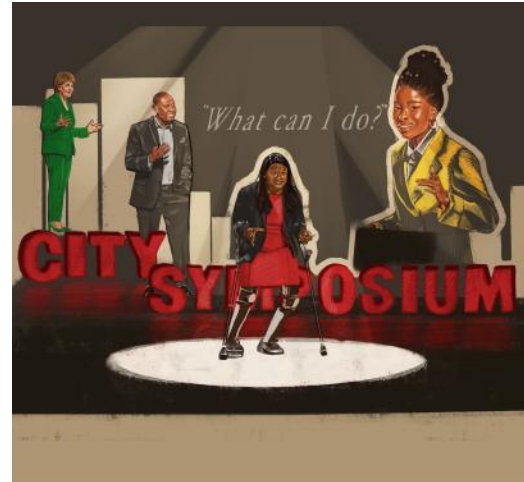
Presenter Focus

We discovered that the most important directives we could give speakers is: “Tell a story and ask us, the audience, to do something.” Story + Action. This simple guideline helped presenters significantly tailor their material to the City Symposium platform. Twelve minutes is not long to speak, but the speakers who most effectively couched their presentation in a narrative arch and concluded with a direct call-to-action created some of the most memorable moments in the series.

City Symposium Community Partners

- Urban League of London
- London Community Foundation
- Polishuk Camman & Steele
- London Public Library
- Aeolian Hall
- Grand Theatre
- Museum London
- Western University’s Centre for Research on Health Equity and Social Inclusion
- Western University’s Faculty of Information & Media Studies
- Western University’s Faculty of Health Sciences
- Western University’s Health Equity in Context: Interdisciplinary Development Initiative

- London Arts Council
- Pillar Nonprofit Network
- Western University Student's Council
- Fanshawe Student Union
- City of London



Historical Precedence

City Symposium ran previously as a volunteer-run program of the London Public Library in 2011–2012. Based on the prior success of the program, the City Symposium was specifically referenced in the Health Equity in Context: Local Solutions for Global Problems (Interdisciplinary Development Initiative) application as a potentially ideal method for sharing and highlighting the health equity research of affiliated faculty members. In turn, a previous coordinator of the City Symposium was hired as a coordinator for the IDI, thus fast-tracking 2-year funding for the “resurrection” of the previous series and brand.

9

Preparing students for the realities of international work in global health: A global health course classroom approach

Author: Uche Ikenyei

Background

The scope and reach of Global Health practice have no limitations irrespective of the Global North and South divide. In past and recent times, there has been a significant unidirectional transfer of skills, strategies, and resources from Global North to Global South countries in Global health system strengthening programs. Such conceptualizations, if left unchallenged, can leave intending global health practitioners with a poor foundational understanding of what engaging in the field of global health means. Furthermore, failing to counter the notion that global health system challenges are limited to the Global South would continue to fan the flare of colonial and racist narratives. This challenge has and may continue to position expatriates and foreign-educated elites in Africa, Latin America and the Caribbean as not inherently suited, skilled or knowledgeable to lead global research and development agendas and programs.

It is factual that several Global South countries working to strengthen their health systems are recipients of support from Global North countries or organizations whose headquarters are in their Global North countries. However, this reality is only one part of our global health system's much more complex story. It also challenges how their post-graduation contributions can help address complex and interwoven global health challenges extending beyond Global North and South nationalism. Failure to grasp in greater complexity how public health challenges and systems differ, operate, change, and influence one another in countries around the world can have a ripple effect of underplaying Global North countries' public health challenges, undermining the positive impact of global health cooperation, and laying a solid foundation for students training in Global North countries when it comes to the concepts and practice of engaging in global health practice. Oversimplified accounts and uncritical engagements with global health topics may also leave students in Global North countries unable to understand the enormity and diversity of international health.

Hence, this contribution to the GHE sourcebook outlines an approach designed to change a paradigm of Global Health that obscures the diversity of ways in which public health systems come under duress and get strengthened around the world. This approach, implemented through a graduate course at Western, aims to better prepare Global North students for international health realities through the classroom.

The Course Approach

The University of Western Ontario is home to a robust Global Health training program, based out of both the Schulich School of Medicine and Dentistry and the Faculty of Health Sciences. The Master's degree in Global Health Systems selects incoming students through a very rigorous process, and aims to recruit students from diverse academic backgrounds who demonstrate keen interest in pursuing either a higher degree in health-related disciplines or global health careers. The course within which this paradigm shift exercise has been implemented is a core course in the Fall semester within the Global Health Systems program. The course Global Health Systems Assessment: GHS 9011A aims to equip students with the knowledge and skills of applying health system research in understanding the complex and evolving global health and health systems challenges. Like other courses in the Masters in Global Health Systems, the course has been designed to encompass various disciplines and integrates content drawn from the medical sciences, biology, social anthropology, management, public health, and health systems literature.

Global Health Systems Assessment is divided into four interconnected sections. The first section is foundational, and it focuses on exposing students to the different concepts and understanding of public, international and global health from different perspectives. This first section also introduces the rationale for health systems research. The second section focuses on exposing students to understanding health research terminologies and methods, beginning with qualitative research methods but focusing more on quantitative research methods. The third involves students in hands-on data analysis.

The data analysis component introduces students to generating evidence for decision making through use of the Statistical Package for Social Sciences (SPSS) data analytical software to conduct descriptive and analytical analysis. The last section of the course is the proverbial 'icing on the cake': it is the cumulation of the three sections and it focuses on the practicality of data use for decision making in real-life global health practice and policy formulation. This section is practical and critical: it involves stimulating the students' ability to critically think through global health data to identify health challenges and needs and presented in ways that are concise, clear, and usable by policy decision-makers.

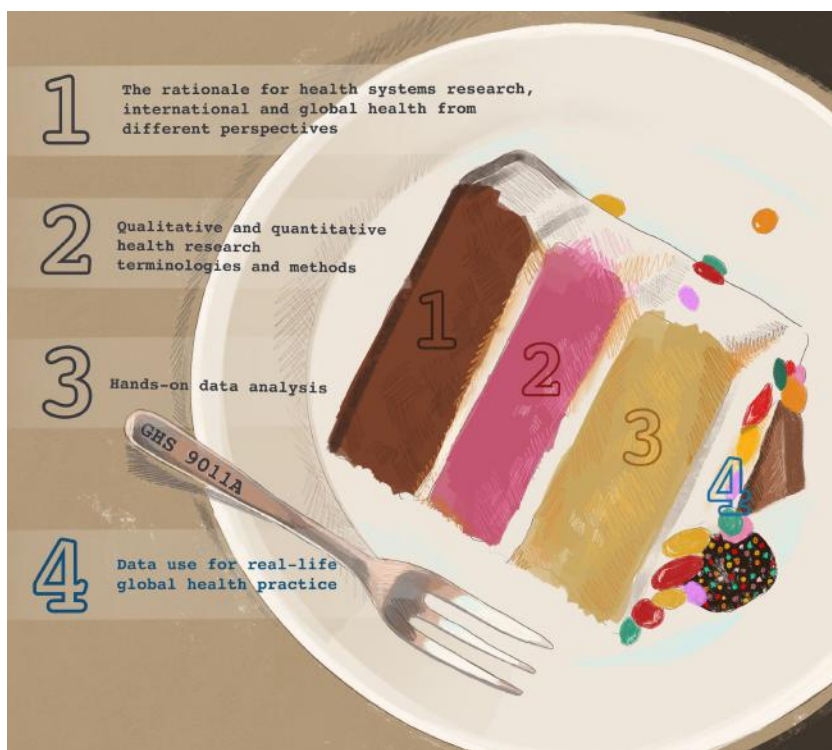
The Paradigm content approach

This course applies several approaches to ensure that students have a firm foundation in the practice of global health assessment. Students are required to attend all classes, read all course materials prior to classes, and be as participatory as possible in all classes. Students are required to take all course exams to demonstrate their individual understanding of the course content. Students are also required to work in groups in preparing and presenting class assignments, presentations, and their final term paper. The class is randomly divided into groups, with group names being countries selected from both the Global North and Global South.

This sets the stage for a more critical and pragmatic exploration of global health, as each uniquely named group focuses on their country for all assignments and in this way gains increasing depths of knowledge about that country throughout the term. Students also share the knowledge gained from exploring the global health uniqueness of their assigned country public health profile, challenges, and health system performance with classmates by developing and delivering a presentations.

During presentations to the larger class, students share their new perspective on how their assigned country's public health system relates to a broader global health system. This approach helps students to better understand how each country irrespective of their global North and South public health status and ability can affect the balance of global health.

The final term paper is the pinnacle of the course, as it attempts to reinforce this new learning acquired from the course on how countries' public health connects to global health. This approach involves allowing students to search peer-reviewed literature and any available empirical evidence on population health and health system performance for their assigned country. The students are asked to write on key issues pertaining to population health and health system for their assigned country through a well-documented literature search. Students are required to draw from their course content in ensuring that their paper draws on references from empirical studies published in peer review journals when highlighting contextual interventions for their assigned countries. The quality expectation is high for this final assignment.



The final team-based term papers are expected to be of publishable quality, and students are directed to structure their papers for a global health-focused journal. Thus far, this approach has been rewarding for the students by providing them with an opportunity to publish in a peer-review journal. It also expands students' views on individual countries' public health systems and how these connect to global health systems.

In the 2019 cohort, students were divided into three groups: Canadian, Brazilian, and Ugandan. Each group focused their final paper on identifying how these countries might improve their infectious disease preparedness and response against a future global pandemic.

The final papers focused on strategies that were articulated and relevant to their country's context. In the end, all three papers were accepted and have been published in the 2020 edition of the Global Health Annual Review Journal. The 2020 cohort also followed the same approach but with a twist in the topic. The six groups – Canada, India, Mexico, South Africa, Italy and China – each focused on one of the six building blocks of the health system as defined by the World Health Organization (WHO). The six papers have been submitted and published in peer review journals including the Global Health Annual Review.

Conclusion

It is essential that any conceptualization and practice of global health as being focused on particular countries in the Global South and unidirectional be changed to reflect the diverse and dynamic ways every country's public health system connects to global health. The GHS 9011A course adopts the approach of assigning students to a diverse mix of Global North and South countries to provide Global North students with the opportunity to first understand Global South countries' population health differences by adopting various tools and concepts in health research. The approach also enables students to understand how these individual countries' population and health system differences connect to broader trans-nationally resonant health concepts, concerns, strategies, and practices. Hopefully, this university graduate course approach may provide the opportunity to train the next generation of global North global health practitioners to expand their perspective of global health and recognize that global health is constituted through multi-directional interactions between countries, population health matters, and systems.

UAPI Trip to Mwanza, Tanzania: A Case Study

Authors: Robert Gough, Barbara Bruce, and Wynn Zhao

Introduction

The “UAPI Trip to Mwanza, Tanzania” Case Study was developed as a collaboration between the Western Heads East (WHE) program and the School for Advanced Studies in the Art & Humanities (SASAH) with the support of the Ivey Business School at Western University in London, Ontario, Canada.

The case study was designed to be used as:

- an assignment with group and individual components in SASAH’s online, asynchronous, third-year course, “Introduction to Professional and Community Practices”
- an in-person workshop as part of Western Heads East’s pre-departure training,
- a teaching tool in the Global Health Systems program or for international partners, such as Aga Khan University.

Additionally, this case study is suitable for:

- global-development courses,
- pre-departure training for other international experiential learning programs,
- impact-assessment courses.

Before they can undertake the case study, students are expected to complete the Critical and Ethical Global Engagement (CEGE) Module, which was developed by and for Western University’s Western International and is offered through their “Global Learning and Education” site in OWL, Western’s open-source learning management system.

Case Synopsis

The case follows the story of a group of university students who travel to Mwanza, Tanzania as part of the (fictitious) University African Probiotic Initiative (UAPI) internship program to work with a host community (Yogurt Mamas). The case is told from the perspective of the student leader, who is supervising a group of seven students. As the trip progresses, several ethical dilemmas arise within the group, and the student leader must decide how to address the tension areas.

Learning Objectives

- **Intercultural experiences:** Understanding the complexity and ambiguity of experiences across cultures and historical contexts.
- **Critical perspectives on postcolonial relationships:** Understanding that global inequalities may result in asymmetrical power relations within and between communities.
- **Ethical dilemmas:** Identifying ethical dilemmas that may arise through asymmetrical power relations and cross-cultural contexts.
- **Reflexive Practice:** Learning to assess and mitigate ethical dilemmas through awareness of political, historical, and cultural contexts and one's positionality.
- **Leadership skills:** Identifying leadership strategies to employ as the team leader.

Teaching Plan for the Case Study as a Course Assignment

The case study can be assigned in an in-person or online synchronous or asynchronous course. Here are the instructions given to the students in SASAH's online, asynchronous, third-year course "Introduction to Professional and Community Practices":

Instructions

Students will complete the CEGE Module, read through the case, and then virtually complete the following two assignments.

Group assignment (60%)

Working together, assume you are the team leader and need to determine how you will address the issues. To do so, first analyze the case carefully and then:

- Identify the tension areas and ethical dilemmas (Karim-Haji, F., Roy, P. & Gough, R. 2016, pp. 5-8).
- Consider the issues carefully, taking time to think about the problems from the perspectives of/to empathize with the students, faculty members, local leaders and community members, and the team leader.
- Develop ideas about the actions the team leader could take on their own and with the faculty supervisor to salvage the learning experience.
- Develop ideas about how these tensions and dilemmas could be addressed to reduce the possibility of them arising.

The group will develop a 10-minute presentation of their case report using PowerPoint and VoiceThread that will be made available for viewing to the entire class.

Individual Assignment (40%)

Working individually, each student will write a 600- to 700-word reflection paper, using both reflexive and reflective thinking (Ryan, 2005) to consider this case. Here are a few questions to consider as you develop your reflection:

- As you read this case and worked on the group presentation, what personal tensions did you experience? What were your thoughts and emotions?
- Think about your own strengths and weaknesses: how might they have come into play if you had been the leader? You might also think about this as the faculty supervisor or one of the students.
- What did you learn or realize as you worked on this case study?

A second version of the group assignment can be used with a new class in a successive year to vary the experience:

Group assignment (60%) (Version 2)

Each student will be assigned a group, and each group will be assigned one of the three problems identified in the case study.

Working together, analyze the case and specific problem carefully and . . .

- Identify the tension areas and ethical dilemmas that are relevant to the problem you've been assigned.
- Consider the issues carefully, taking time to think about the problems from the perspectives of/to empathize with the students, faculty member, and local leaders and community members, as well as the team leader.
- Develop ideas about the actions the team leader could take on their own and with the faculty supervisor to salvage the learning experience in the moment.
- Develop ideas about how these tensions and dilemmas could be addressed to reduce the possibility of them arising in the future.

The group will develop a ten-minute presentation of their case report using PowerPoint and VoiceThread that will be made available for viewing to the entire class.

Debriefing

After the assignments have been marked and returned, the instructor should hold a live debriefing with the students (if possible, in an online asynchronous course) in which the instructor provides a presentation reviewing the key learning from the Critical and Ethical Global Engagement (CEGE) online module and facilitates further exploration of the content in relation to the student experiences of the case study. The learning outcomes of the CEGE module are to:

- Develop an understanding of how history and context shape systems of inequality;
- Recognize the evolution of approaches to international development and gain an understanding of what differentiates solidarity from a charitable approach;
- Define self-reflexive practice and give examples; and
- Understand ethical dilemmas common to global engagement and give examples of how to mitigate/navigate them.

Following the brief presentation and review of the critical issues, students share their experiences with the case questions. The instructor connects to the CEGE module content and highlights insightful comments and observations made by students in the assignment presentations and Voicethreads 4.1 (VoiceThread LLC). The session wraps up with students considering how this learning impacts their future careers and day-to-day lives. The instructor can draw connections with Equity, Diversity, Inclusion, and Decolonizing strategies.

Teaching Plan for the Case Study as a Workshop

The case study can be used as a workshop in a class or as a stand-alone event.

This teaching plan is made for a 120-minute class or workshop and breaks the case down into three main problems to facilitate stages of discussion in relation to the learning objectives. This allows students to define the issues, analyze the problems, and propose solutions.

At least one week before the class/workshop, students will be assigned the CEGE module, given the full case with exhibits, and directed to give the issues some thought and arrive at the workshop with some preliminary ideas for discussion. In the class/workshop, they will be put into small groups to discuss and analyze the issues and develop solutions before reconvening to present their ideas.

The following Assignment Questions promote thought and discussion:

- What tension areas and ethical dilemmas can you identify within this case?
- Regarding the accommodations tension, what factors came into play regarding privilege? Which ethical dilemmas are present here?
- Regarding the clothing and marketing plan tensions, what factors came into play regarding imposing Western values and respecting local culture? Which ethical dilemmas are present here?
- Regarding giving money to the homeless and taking pictures with locals, what factors came into play regarding Othering and media representation? Which ethical dilemmas are present here?
- As the student team leader, determine how you would address this situation. Outline actions you take yourself and/or with the faculty supervisor to address the situation immediately and in the long term.
- To identify the ethical dilemmas, students will work from the Ethical Dilemmas list created by Karim-Haji, Roy, and Gough and given as Exhibit 4 in the case study.

All the groups will work on Assignment Questions 1 and 2 (see below). Then, half the groups will work on Assignment Question 3, while the other half will work on Assignment Question 4. The groups will come together again to consider Assignment Question 5. The table below shows the breakdown of the workshop with suggested timelines:

Introduction: workshop learning outcomes and CEGE review	10 minutes
Questions 1 & 2 group work (all groups)	15 minutes
Group presentations on Questions 1 & 2	15 minutes
Question 3 group work (half the groups) Question 4 group work (the other half of the groups)	15 minutes
Break	10 minutes
Group presentations Questions 3 & 4	15 minutes
Question 5 group work (all groups)	15 minutes
Group presentations Question 5/Debrief (main takeaways before the trip, how students plan to practice self-reflexivity during their trip)	15 minutes
Total:	110 minutes*

What tension areas and ethical dilemmas can you identify within this case?

Working from the Ethical Dilemmas list given as Exhibit 4 in the case study, the main ethical dilemmas presented within this case are as follows:

- student privilege & entitlement
- shallow student reflection
- inattentiveness to asymmetrical power relationships
- and student voyeurism of host communities

For this first assignment question, however, the focus should not necessarily be on having students identify all relevant dilemmas but on those that stand out. Students should be encouraged to explore how these dilemmas can arise through international experiential-learning opportunities.

Additionally, the discussion should touch on how conflicts impact different stakeholders. The facilitator should encourage students to consider the context of the case, written from the student leader's perspective.

Potential questions that may arise from this discussion point could be:

- What is the importance of ensuring ethical global engagement, particularly in the case of international experiential-learning opportunities?
- How did the team leader's response impact the tensions and dilemmas that arose?
- How might the perspective of various stakeholders (the team leader, the interns, the faculty leader, the local partners, etc.) frame issues within the case differently?

Overall, Assignment Question 1 seeks to provoke an initial discussion on the different conflict areas arising during the trip, with an importance placed on understanding context and practicing self-reflexivity.

Regarding the accommodations tension, what factors came into play regarding privilege? Which ethical dilemmas are present here?

We suggest two ethical dilemmas each as examples for Questions 2 to 4, but instructors should be open to students coming up with others. The students must support their ideas with evidence from the case.

This tension area primarily relates to two dilemmas. The first is “Student Privilege & Entitlement,” for which Karim-Haji, Roy, and Gough (2016) give this definition:

“Students need to become highly aware of their social identity privileges and how these may impact their sense of entitlement and relationship with the host community and international experiential learning experience. Students often pay little attention to understanding how their privilege and the historical relations of power reproduce global inequalities (Larsen, 2016). Students may experience guilt triggered when their privileged identity is implicated in the subordination of others, yet their emotional experience of guilt is prioritized, disabling their capacity to critically engage in activist forms of practice (Thomas & Chandrasekera, 2014). Privilege also includes travelling to learn [which is] often predicated on privilege and moving across borders (MacDonald, 2014). Northern students carry a sense of entitlement to choose what part of the culture to respect (Heron, 2016).” (p. 7)

Discussion should explore the students’ expectations of their living arrangements: specifically, how these expectations came to be, how they translated into the students’ actions, and how they could have been mitigated or shifted upon entering the host community. Students should be encouraged to consider the background information provided by the case (pre-departure training, program information, etc.) when discussing these expectations.

The entitlement aspect can further be explored by asking prompting questions such as:

- Were the students justified in sending the email and then trying to find hotel rooms on their own?
- Given the tensions that arose, what might the students and group leader have done differently?

The second dilemma is “Inattentiveness to Asymmetrical Power Relationships”:

“Generally, there is a lack of awareness and understanding of the structures and systems within which we all live that contribute to conditions of inequality (Simpson, 2004). This often results in asymmetrical power relationships between the host community and the sending organization/institution. Students are often positioned as the ones who learn and serve (Larsen, 2016). Inattention to the political, historical and economic roots of inequality may result in reproducing colonial relationships and a charitable approach to service which reinforces the power position of the global North to help the poor and less fortunate ‘Other.’ Host communities are often taking care of students in their charge, keeping them busy at work and or dialoguing with them, which can be burdensome and problematic (Heron, 2016).” (Karim-Haji, Roy, and Gough, 2016, p. 5)

Discussion should explore the power dynamics between the students and the community partner within the email and in-person exchanges. Students should be prompted to reflect on how these interactions may reflect and perpetuate uneven power relationships or reproduce colonial relationships.

To conclude, students should begin brainstorming the next steps the group leader could take in handling this situation in real-time (i.e., on the ground). These steps should address how to handle relations with the community partner and further student complaints about their accommodations. The group leader should also consider what could be done proactively to ensure this situation does not arise in future group trips.

Regarding the clothing and marketing-plan tensions, what are some factors that came into play regarding imposing Western values and respecting local culture? Which ethical dilemmas are present here?

The first Ethical Dilemma this tension area relates to is “Student Voyeurism of Host Communities”:

“Some students arrive with the idea that they can fix or change the communities they are visiting and may find themselves in a place of crisis as they are confronted with letting go of their expectations (Agudey & Deloughery, 2016). Moreover, students cannot help but arrive with Western values and beliefs, and this Eurocentric gaze in non-Euro cultures enhances the sense of difference and often superiority (Mohanty, 2006). Yet, this “helping imperative” or “desire to help” is paternalistic and recreates a particular image of people living in the global South as those in need of help or charity (Tiessen & Huish, 2014; Clost, 2014; Heron, 2007).” (Karim-Haji, Roy, and Gough, 2016, p. 7)

Discussion should center around the conflict of wanting to adhere to personal values while respecting local culture. An emphasis should be placed on understanding a community's historical, political, social, and economic context before passing judgements. The discussion should be framed with this context in mind instead of as an individualistic moral dilemma.

The second Ethical Dilemma this tension area relates to is "Shallow Student Reflection":

"Students mainly interested in voluntourism and professional development may not reflect deeply on their international experiential learning experience. Ill-prepared Northern students may engage inappropriately in the cultural context of their host communities e.g., through wrong ways of addressing elders, transgressing gender norms, public displays of affection, wearing inappropriate clothing and accessories, refusing to eat local food served by the host families, behaviours associated with drinking and smoking irresponsibly (Kozak & Larsen, 2016). The problem with shallow student reflection is that it perpetuates colonial stereotypes, social hierarchies, and western conceptions of North-South relationships (Hartman, 2014)." (Karim-Haji, Roy, and Gough, 2016, p. 7)

Students should be encouraged to reflect on what potential motivations participants of programs such as UAPI may have and how those motivations may lead to shallow reflections. Prompting questions can help direct discussion:

- What might be some reasons for the dissociation between the students' pre-departure training and their actions/decisions in Mwanza?
- What might UAPI do once in Mwanza to lessen the risk of such dissociation?
- How can shallow student reflection lead to harmful consequences to the institution, students themselves, and host partners?

Note: as the clothing tension is outlined in more detail, the discussion may centre more around this topic.

Regarding giving money to the homeless and taking pictures with locals, what factors came into play regarding Othering and media representation? Which ethical dilemmas are present here?

The first Ethical Dilemma this tension area relates to is "Student Privilege & Entitlement":

"Students need to become highly aware of their social identity privileges and how these may impact their sense of entitlement and their relationship with the host community and international experiential learning experience."

Students often pay little attention to understanding how their privilege and the historical relations of power reproduce global inequalities (Larsen, 2016). Students may experience guilt that is triggered when their privileged identity is implicated in the subordination of others; yet their emotional experience of guilt is prioritized, disabling their capacity to critically engage in activist forms of practice (Thomas & Chandrasekera, 2014). Privilege also includes the ability to travel to learn [which is] often predicated on an enactment of privilege and an ability to move across borders (MacDonald, 2014). Northern students carry a sense of entitlement to choose what part of the culture to respect (Heron, 2016).” (Karim-Haji, Roy, and Gough, 2016, p. 7)

Discussion should surround how privilege and the concept of Othering play a role in giving money to homeless children. This discussion aims to understand how their actions and decisions can perpetuate certain stereotypes or uneven power relationships, furthering the divide between the North and the South.

Guiding questions can include:

- What emotions might come into play when students/visitors encounter homeless children asking for money?
- How are power relations reinforced in the act of giving money or gifts? Does giving money or gifts perpetuate the image of the Global South being the “Other” in need of help from the Global North?
- What might be some of the unintended consequences of giving money or gifts to the street kids?
- How might the students better prepare for or handle such situations?

The second dilemma is “Inattentiveness to Asymmetrical Power Relationships”:

“Generally, there is a lack of awareness and understanding of the structures and systems within which we all live that contribute to conditions of inequality (Simpson, 2004). This often results in asymmetrical power relationships between the host community and the sending organization/institution. Students are often positioned as the ones who learn and serve (Larsen, 2016). Inattention to the political, historical and economic roots of inequality may result in reproducing colonial relationships and a charitable approach to service which reinforces the power position of the global North to help the poor and less fortunate ‘Other.’ Host communities are often taking care of students in their charge, keeping them busy at work and or dialoguing with them, which can be burdensome and problematic (Heron, 2016).” (Karim-Haji, Roy, and Gough, 2016, p. 5)

Discussion should surround the media representation and the concept of Othering. Students need to be aware of broader colonial narratives. This discussion aims for students to practice self-reflexivity surrounding media representation.

Guiding questions can include:

- What stereotypes or negative images of the local community could such photos portray?
- How is taking and posting photos connected to a broader narrative of charitable “helping” and western paternalism?
- What kinds of photos would be appropriate and inappropriate? Why?

As the student team leader, determine how you would address this situation. Outline actions you take yourself and/or with the faculty supervisor to address the situation immediately and in the long term.

Discussion can be formatted in two ways, at the facilitator's discretion: addressing individual solutions for each tension area or addressing solutions that relate to multiple tension areas. While the other discussion questions focus mainly on understanding, identifying, and analyzing, this last question focuses on practicing self-reflexivity and leadership skills in deciding on the next steps. Students should keep in mind the role of the student team leader and the possible limitations in terms of their actions.

Possible Immediate Actions:

Address the student who has complaints about accommodations: The team leader should engage in regular debriefing meetings with the students, revisit internship expectations and materials reviewed pre-departure, explain the expectations moving forward, update the faculty supervisor on an ongoing basis, and engage in meetings as needed.

Address the students who refused to comply with clothing etiquette: The team leader should meet with the students and engage them in a productive conversation surrounding this ethical dilemma. They might also engage the faculty supervisor in the meeting and lay down a hard-and-fast rule because the local culture's norms and community-partner's wishes must be respected. Given that this is covered in pre-departure preparations, students should be reminded that they are ambassadors of the university and the reputation of the university and relationships with community partners is at stake.

Address the students who complied and attended the meeting: The team leader should engage in discussion with students to talk through their perspectives and ensure positive communications with local organizers moving forward.

Meet with all students to address the above issues together.

Address the local organizers of the meeting: The team leader and faculty supervisor should speak to organizers, apologize for students not following etiquette, and demonstrate empathy and understanding.

Address the team regarding the altered marketing plan: The team leader should engage in discussion with students, discuss changes made and understand reasons for changes, and encourage respectful and productive discussion with local supervisors, if necessary. It is important that students understand that community partners lead the work and make the decisions.

Address the students regarding giving homeless children money and posting photos: The team leader should engage in a discussion with students regarding the relevant ethical dilemmas, reflecting on how to address and mitigate any damage and on how good intentions can have unintended negative consequences. The team leader may want to engage the faculty supervisor in the discussion, as well. It may also be helpful to have students review UAPI media posting guidelines from the intern handbook. Here it is important to make that connection to the broader narrative of western paternalism or charitable “helping.”

Possible Long-Term Actions:

The student team leader may execute these actions in collaboration with the faculty supervisor or the institution:

- Potential additions to pre-departure training:
 - The organizers should hold more active and personal discussions surrounding ethical dilemmas. Facilitators should have students create their own action plan to address ethical dilemmas if they arise before departure.
 - The organizers should meet and discuss expectations online with the host leader in advance of the travel to help build relationships and understanding.

Feedback from host communities:

- The organizers should engage in a conversation with partners on their perspective of the trip experience, asking if they found the work mutually beneficial and if they have suggestions for improvements that can be made to the program.

Recommended Reading

For a deeper understanding of the ethical dilemmas referenced in the case and a fuller understanding of student mobility and critical and ethical global engagement, we recommend instructors and students read Karim-Haji, Roy, & Gough's "[Building Ethical Global Engagement with Host Communities: North-South Collaborations for Mutual Learning and Benefit](#)"

Ryan, T. (2005). When you reflect are you also being reflexive. *Ontario Action Researcher*, 8(1), 1-5.

Case Study: UAPI Trip to Mwanza, Tanzania

Source: These are fictionalizations created by the authors.

The Case

Aisha sat down in her room after a long day of visiting various yogurt kitchens in the Mwanza area with students in her University African Probiotic Initiative (UAPI) internship program. While she was encouraged by the work they'd done during these first three weeks of their trip, Aisha was distraught over some of the events that had unfolded. In the spring of 2019, after preparing for a year, a group of seven university students, their faculty supervisor, and Aisha, who was their student team leader, travelled to Mwanza in Tanzania. In Mwanza, they were to work with the "Yogurt Mamas"—a local term of respect for the women who operate probiotic yogurt kitchens—to develop their retail sales and marketing plan.

This was the first trip to Tanzania for the seven students, who signed an internship agreement outlining their responsibilities and those of the host community partner and the faculty program (Exhibit 1). Aisha had participated in the program the year before and had signed on to be a team leader. All participants were excited about the experience, but by the third week of their twelve-week stay, the team was plagued with internal strife.

Problem 1

The trouble began just two days after they had arrived in Mwanza. Two of the team members were dissatisfied with their accommodations, especially when they saw that the team leader had a nicer room. They insisted that Aisha go to the faculty supervisor to arrange for better quarters for them. When Aisha refused, they went over her head, writing a brusque email to the local community partner expressing their frustrations.

The community partner felt insulted—these were the best accommodations available in the students' price range—but was also worried about pleasing the students since the program was beneficial to the local community, and he wanted it to continue in future. He replied to the students that he would have to talk to their faculty supervisor (Exhibit 2).

Learning about the students' email, Aisha and the faculty member were embarrassed and apologized to the community leader. They met with the two students and reiterated that the accommodations were the best available. The next day, the two students began to talk to the other members of the team about finding a better hotel on their own. While they didn't follow through with that, they took every opportunity thereafter to complain about their living quarters.

Problem 2

At the end of their fourth week, the team was to attend a meeting with the local organizers, all of whom were male leaders of the community. The students were told by the faculty supervisor via the team leader not to wear the clothes they would wear in hot weather in Canada: no shorts, no short sleeves, no tank tops, no spaghetti straps. This didn't sit well with several of the team members—it was incredibly hot: male students didn't want to have to wear a suit and tie; female students didn't want to have to be covered from shoulders to calves. One student added, "I paid \$4000 to come on this trip; I should be able to wear what I want." Some of the students also felt that this conservatism was counter to their more liberal western values. Feeling that the faculty member was being unreasonable and that they should make a statement, these students arrived at the meeting wearing the prohibited clothing.

The affronted organizers refused these students entrance and banned them from further meetings, which created tension between these and the other students, Aisha, and the faculty supervisor. The protesting members felt the others should be on their side and take a stand against what they considered ultra-conservatism and chauvinism. They were also concerned that they would not have the opportunity to participate in discussions with the local organizers. The students who had dressed as instructed and attended the meeting were angry that the organizers had been upset by the other students and that they would now have to carry information back to the other students.

Aisha became increasingly worried as tensions continued to rise. To worsen matters, the team was also upset to find out that the marketing plan they worked so hard to develop before they left Canada had been significantly altered by the local supervisors.

Problem 3

By the end of the fifth week, things came to a head when the students began arguing about giving money to homeless children and taking pictures of themselves with local children to post on their social-media accounts. Some of the students argued that, because of their privilege, they were obligated to give money to homeless children, while others felt it would only lead to more begging. And while some students thought it exploitative to post pictures of themselves with locals, others thought it perfectly alright—this was an important experience in the students' lives, after all.

Next Steps

With tensions reaching their peak, Aisha sat alone in her room, deeply concerned that the entire venture was about to fall apart. Potential ethical dilemmas had been discussed with the students during pre-departure, but some of the students seemed to have forgotten those discussions. Aisha pondered what could be done to ease tensions, re-establish cohesion, and get the team back on track.

With nine more weeks left of their time in Mwanza, Aisha wanted to ensure the host community and local partners felt their working partnership was mutually beneficial. With the adhan from the local mosque undulating through her open window, Aisha settled into bed while contemplating her next move.

Background Information

UAPI

UAPI is a collaborative program between university staff, faculty, students, and community partners in various African countries. The program partners with universities, medical institutions, and women's groups to establish probiotic-yogurt community kitchens in highly underserved areas of Sub-Saharan Africa to address issues of health, empowerment of women, and economic development. The program's Canadian team collaborates with African partners on research, knowledge translation, fundraising, best practices for probiotic-foods production, quality control, and sustainable business education.

UAPI Internship Program

The UAPI internship program provides students and faculty a practical hands-on experience and the opportunity to work with African partners on program goals and research. The goal of the program is for students and faculty to return home and promote education about the program, health and social issues in Africa, and their personal learnings, as well as raise awareness and funds for the specific programs. Since its inception in 2002, over one hundred interns have participated in the UAPI internship, coming from various faculties including the arts and humanities, health sciences, food and nutrition, nursing, medicine, education, and business.

Yogurt Mamas in Mwanza (see Exhibit 3 below)

"Yogurt Mamas" is a local term of respect and affection for the women who own and operate probiotic-yogurt kitchens in their communities. These women are the cornerstones of the UAPI program since they run these grassroots social enterprises.

Their kitchens serve as community hubs for social support, nutrition awareness, and entrepreneurship. Through this program, these women have become empowered to foster change within their communities by contributing to the health of individuals, stimulating economic development, and providing an income for their own families.

In 2004, the Tukwamuane Women's Group started the first community kitchen in Mwanza, Tanzania, where more than eighty community kitchens now exist. The initiative began with the training of twelve local group leaders in the production of the yogurt, and the community kitchens became hubs in the community to provide lay counselling and school lunch programs, as well as produce the probiotic yogurt.

Pre-Departure Intern Training

Prior to their departure, interns had received the following materials:

- internship agreement (to review and sign),
- intern handbook (to review),
- online modules (to complete individually),
- PowerPoint slides from an in-person workshop (to review),
- previous intern blog posts (to read).

As part of their pre-departure training, students were asked to complete online modules and attend a workshop during which the concept of ethical dilemmas was covered. Global experiential-learning opportunities include a range of stakeholder perspectives, including student, host community, and institution. As a result, many ethical dilemmas can arise around concepts of privilege and the uneven power dynamics that inevitably influence these relationships. Through the online modules and in-person workshop, students were encouraged to place an emphasis on building mutual and reciprocal relationships with host communities and practice self-reflexivity.

Self-reflexivity, it should be noted, differs from self-reflection, as Farzana Karim-Haji, Pamela Roy, and Robert Gough (2016) explain:

Where self-reflection may be defined as individuals thinking about their personal experiences and assumptions, self-reflexivity is defined as connecting our individual assumptions to collective socially, culturally and historically situated 'stories' and assumptions that define what is real, ideal (right), and knowable. . . . When we are self-reflexive, we challenge our own thinking, what we take for granted, and truly seek to learn through the perspective of another cultural perspective" (p. 13).

Practicing self-reflexivity can help student interns mitigate the risk of straining relations with, and imposing their norms and values, on the local partners and community members.

In the workshop, the students discussed eleven dilemmas that can negatively impact partnerships between universities in the Global North and host communities in the Global South:

1. Mobility Inequality,
2. Marketization of Education,
3. Inattentiveness to Asymmetrical Power Relationships,
4. Unethical Marketing and Advertisement to Promote Experiential Learning Programs,
5. Revolving Door Nature of the Exchange Between Students and Hosts,
6. Overemphasis on Career Development and Professionalization of the Experience,
7. Student Voyeurism of Communities,
8. Students Perpetuating Stereotypes On-Site,
9. Student Privilege and Entitlement,
10. Shallow Student Reflection,
11. Exploitation of the Host Community as Research Participants.

(Karim-Haji, Roy, and Gough, 2016, pp. 5-8) (see Exhibit 4, below)

Blogs (Exhibit 5)

In the internship program, students are required to create their own blogs to document their unique experiences. Since inception, eighty-six blogs have been created, fifty-one of which detail the experience of interns who travelled to Mwanza. These blogs are available to current interns to read in preparation for their trip to familiarize themselves with the work of the past interns. The blogs also provide context and offer background information.

These blog posts detail personal anecdotes of intern experiences with the local culture and food and interactions with locals and offer personal reflections on the trip. In terms of work, they outline intern experiences visiting yogurt kitchens and working with the local Yogurt Mamas. Several blogs include photos of the communities in which the interns worked, the living accommodations, and the views from their apartments.

Intern Handbook

Interns are given a handbook, a comprehensive 89-page guide giving all the pertinent information, from internship responsibilities to tips for cultural sensitivity to Swahili basics. Overall, the handbook's language and content emphasize the importance of gaining a deep cultural, linguistic, and historical understanding of the host communities. This document is crucial in helping the students understand the local context and ways to act appropriately and respectfully.

UAPI Media Guidelines

The intern handbook thoroughly outlines the expectations and guidelines when posting all forms of media (blog, pictures, videos, etc.) to their blogs and to social media during the trip. It emphasizes the importance of being aware of context and role when taking and posting media and of being cautious not to reinforce stereotypes and colonial views of East Africa nor reproduce reductionist discourses that do not reflect the diversity within East Africa.

The handbook encourages students to be respectful and professional when posting photos of locals and to get informed consent. It admonishes students to refrain from posting stereotypical images, which contribute to harmful narratives of East Africa; images and messages that convey a white-saviour complex; and any personal information about others without their permission.

Host Country Information

Background

The United Republic of Tanzania was formed by the amalgamation of the two sovereign states of Tanganyika and Zanzibar under Julius Nyerere in 1964. Tanzania is very diverse, composed of people from over 120 different ethnic groups and various religious groups. The national language is Swahili, the language of the monsoon coastal traders, but English is often used in many formal settings such as diplomacy, higher courts, and foreign trade (“Tanzania”).

Colonial History

Starting in the early sixteenth century, Tanganyika, an eastern African state, and Zanzibar, a collection of islands located in the region of what is now Tanzania, had been colonized by Germany, Portugal, and Great Britain. In 1964, Tanganyika merged with Zanzibar as the United Republic of Tanganyika and Zanzibar, which later became the United Republic of Tanzania. The nation’s colonial history created asymmetrical power relationships which continue to affect partnerships between the Global South and North to this day (Britannica, 2010).

Clothing Etiquette in Tanzania

In public spaces in Tanzania, it is important for individuals to dress modestly out of respect. Additionally, Muslim practices and beliefs are particularly influential in Zanzibar. In office and business settings, trousers, but not shorts, are acceptable for men. For women, dresses should cover from shoulders to knees. Similar etiquette should be followed for daily wear when walking around the city, while light fabrics are encouraged due to the hot weather.

Government Response to Homelessness in Tanzania

Child homelessness has been a prevalent issue in Tanzania for decades, largely as a result of being a “post-colonial society now under the pressures of globalization, national loan repayment schemes, and large-scale epidemics” (Chamwi, 2010, p. 8). The government has employed two main approaches in the 1990s in addressing this issue.

The first was a correctional/institutional approach, which characterized the children as “wrongdoers” and aimed to remove children from the streets, hold them, and rehabilitate them (Chamwi, 2010, pp. 12-13). The second was a “centre-based approach,” which saw NGOs creating centres that offered “basic health and education needs” and occupational training for children to use voluntarily (Chamwi, 2010, p. 13).

Exhibits

Exhibit 1 UAPI Internship Agreement

STUDENT AND SUPERVISOR AGREEMENTS

UAPI agrees to:

- Match needs/projects identified by the host organization with student interns related to the student’s degree/program of study.
- Provide pre-departure training on safety abroad, project goals, background of the host country, and best practices for mutually beneficial and reciprocal relationships.
- Ensure placements commence at the beginning of the semester (January, May or September) and last a minimum of three months in duration (12 weeks).
- Ensure student interns have a faculty advisor to receive supervision, guidance, and feedback on their course work/research.
- Provide the host organization with student evaluation tools and inform the student of any health and legal requirements stipulated by the host organization.
- Review the internship agreement with students, identifying objectives and goals of the placement, which is to be signed by the student, placement supervisor, and supervisor.
- UAPI has the right, in its sole discretion, to terminate a placement prior to its scheduled end date and require a student to leave the placement site should concerns arise with the placement. In addition, UAPI may cancel a placement prior to its commencement due to Canadian international travel policies and guidelines, such as an elevated travel advisory.

The host supervisor agrees to:

- Meet with the student early in the placement period to discuss expectations, what the student hopes to learn/accomplish during the research/industry placement, and details about the project including intended deliverables.
- Work with the student to design and set placement objectives.
- Meet with the student regularly to discuss their progress and offer direction.
- Provide orientation to the host organization and local community and provide students with any information about relevant rules, policies, and procedures they must observe during the internship placement or have prepared prior to the placement (health or legal requirements).
- Support the student in their adjustment to the environment and to further develop their competencies and skills.
- Refer the student to appropriate medical clinics as needed and support the student should an emergency arise.
- The host supervisor has the right, in their sole discretion, to terminate a placement prior to its scheduled end date and require a student to leave the placement site because of his or her unsatisfactory conduct or performance.
- Review and sign the student's final placement report.
- Take reasonable measures to ensure the safety of the students and notify the university and students forthwith if any issues arise that may reasonably affect the safety of the students.

The student intern agrees to:

- Complete all online orientation sessions.
- Attend weekly meetings or supervisor meetings as advised by your partner organization.
- Report any absences due to illness or emergency situations to your supervisor.
- Complete project work in a timely manner and remain available and responsive to communications from the placement supervisor and UAPI regarding progress and challenges.
- Submit reflection activities to deepen the learning experience and post a weekly blog about learning and experiences.
- Commit to the full 3 months of the internship placement
- Complete a placement final report and have it signed by the placement supervisor.
- Attend a debriefing meeting with UAPI 1-2 weeks after completion of the internship.

- Participate in required public-engagement activities to share learning upon return. Events include:
 - International Week Poster Program/Event (November)
 - Pre-departure session with outgoing interns to share your experiences (March)
- Present to classes and groups in the community and attend events to share your learning and the impact of the experience (i.e., leadership-fair booth)
- Organize an event to share your experiences or collaborate with the student fundraising and education committee.

Student Signature: _____

Date: _____

Internship Supervisor Signature: _____

Date: _____

University Supervisor Signature: _____

Date: _____

Source: this is a fictionalization of a real internship agreement.

Exhibit 2 Email Exchanges

Dear Mr. Changalucha:

We are student interns with the University African Probiotic Initiative and arrived two days ago. Before we left Canada, we were assured that our accommodations would be the best available, but they are disgusting.

There are bugs and lizards, and no one will do anything to get rid of them. We're afraid to go to sleep at night, although the beds are so hard we wouldn't be able to sleep even if we weren't afraid. On top of that, the paint is peeling off the walls, there's no hot water, and the food the hotel kitchen is serving is inedible.

We spoke to our group leader, but she has refused to help, so we had no choice but to contact you to ask you to make other arrangements for us. We've paid a lot of money to come here to help you and feel we deserve better treatment. We also think other students would not want to come if they were to hear about the deplorable conditions.

Please get back to us asap.

Thank you,
Sophie W. and Ross L.

Dear Mr. L. and Miss W.:

I am very sorry to hear that you are dissatisfied with your accommodations. We certainly appreciate the work you and the other students are doing for the program and want you to be comfortable.

While the accommodations are the best available for the money you and the other student interns have paid and the same accommodations students have inhabited in previous years, I will talk to your faculty supervisor to see if anything can be done.

Sincerely,
Mr. Changalucha

Exhibit 3 Meet the Yogurt Mamas (Excerpt)
MWANZA, TANZANIA – TUKWAMUANE YOGURT MAMAS

Name: Asha Mohamed

Nationality: Tanzanian



Current Position at Yogurt Kitchen: HIV/AIDS Spokesperson, General Duties

"Outside of work I spend a lot of time with my family and I study English so that I can learn to speak it. Before my involvement with Tukwamuane I had a small business where I sold clothes. I also sold fish at the market sometimes to make extra money. Later I worked in a Hotel. Now I work at the Jiko La Jamii (Community Kitchen) and I am able to learn many things. I have been able to study business practices, produce probiotic yogurt, and to work with the community. I am a representative that assists in preventing and reducing discrimination against people who are sick with HIV/AIDS, or people who are different in any way.

This project has been very beneficial to me and my family. The yogurt has improved the health of my family. We are all fit, healthy, and strong now that we consume the yogurt. The project has also assisted me by bringing in an income for me and my family. I am happy to work in a workplace without discrimination. I am very happy to work with people from all over the world. I am allowed to express my opinion and ideas and make decisions. I am happy to have a permanent, stable job. This project, it has brought for me many good things. I am thankful to God for all of this. I am happy to help the health of the community while also helping my family."

Name: Cecilia John

Nationality: Tanzanian

Current Position at Yogurt Kitchen:

Secretary, Bookkeeper, General Duties



"Outside of work I spend a lot of time with my family. I help my children go to school and get an education. I also help council other people who are living with HIV/AIDS in the community. Before the yogurt project I sold herbal remedies to people and helped council people living with HIV. I also helped the children of Y.W.K.M. H. with their small business and acted as a mentor. I studied business practices through Kivulini. I also learned about dairy production. I also motivated people in the community gave them legal advice through Kivulini.

Now I help with processing the yogurt and I help with any activities around the kitchen. I schedule all of the project activities and jobs. I write notes and take care of project records. I also help prepare meetings for the group. This project allows me to get to know people from other cultures as well as people in the community. I also get to help make better the health of the community especially people living with HIV/AIDS like myself. I am thankful to be able to help improve the health and well-being of my family.

I am also able to raise the income of my family a little. This income has helped me pay for school for some of my children and help expand my home so that we can all live there. I am very happy to be working at the Jiko La Jamii. I am happy to be helping other people like me who have HIV/AIDS. People who have HIV/AIDS should not be ashamed. They are people just like anybody else. This project is so good for the health of all people, especially people living with HIV/AIDS. This project is good for me, for my family and for the community."

Source: https://international.uwo.ca/whe/about_us/yoghurt_mamas.html

Exhibit 4 Ethical Dilemmas

See pages 9 - 10.

Exhibit 5 Sample Blog Entries

It's beginning to feel like home.

It's been just under two weeks since we've been in Mwanza and, man, do I love it here.

We arrived May 9th after around 35 hours of travelling and were greeted by the warmest welcome. Not only did a local in Mwanza meet us at the airport but he also stocked our apartment full of fresh fruit and groceries.

We spent the first couple of days getting settled into the area and, honestly, just trying to get over the jet lag. I'm normally a night person so waking up before sunrise felt a little weird at first, but I can gladly say that I'm now really enjoying the early mornings.

My roommate and I wake up every morning, brew a coffee, and sit out on the patio watching the kids make their way down the street and to their school. My favourite part is when they look up, wave, and give us a little smirk.

Maybe it's because of how secure I feel under my bug net at night or perhaps it's because of how excited I am to wake up every morning to see the town slowly rise with the sun, but I truly don't believe there's such thing as "waking up on the wrong side of the bed" in Mwanza.



My roommate in her bug net... One of the few nights she was able to set it out properly.

The rest of our time has been spent meeting new friends, visiting kitchens, trying new foods (from mushkaki to ubuyu), and attempting to learn Swahili.

Some of the words we've learned so far:

Mambo/Poa = What's up?/Cool

Nzuri = Fine/Good

Pole = Sorry

Asante = Thank you

Hapana = No

Kiti/Viti = Chair/Chairs

Embe = Mango

Habari = How are you?

Tafadhali = Please

Wapi = Where

Ndiyo = Yes

Kitabu = Book

Ndizi = Banana

As for my project, I haven't started filming the documentary yet. I've made it one of my top priorities to meet everyone, introduce myself and my project, and build a relationship before pulling out my camera. I think I might start filming next week, though. Everyone we've met so far, especially all the mamas, seem very excited to be a part of it. It makes me thrilled to see that their reactions match my enthusiasm. I can't wait to get started.

Now I don't want to jinx it by saying it too early—I mean, it has only been just under two weeks since we've arrived—but Mwanza is sort of beginning to feel like home. As for my project, I haven't started filming the documentary yet. I've made it one of my top priorities to meet everyone, introduce myself and my project, and build a relationship before pulling out my camera.



The beautiful view from our apartment balcony.

I think I might start filming next week, though. Everyone we've met so far, especially all the mamas, seem very excited to be a part of it. It makes me thrilled to see that their reactions match my enthusiasm. I can't wait to get started.

Now I don't want to jinx it by saying it too early—I mean, it has only been just under two weeks since we've arrived—but Mwanza is sort of beginning to feel like home.

Day 3

Today was Saturday, and we spent most of the day learning more about Mwanza, our area, and Swahili! When we woke up, my uncle came over to set up our SIM cards, after which he took us to a market close to our house. When we arrived at the market, we noticed that we were the only mzungus in sight! As we walked through the narrow market, everyone called out to us, welcoming us to their little kiosks, and greeting us! At this point, we didn't know any numbers, so we had trouble asking for prices. We separated from the group and ventured further into the market. My roommate found a skirt that she liked, and we tried negotiating with the man, but the communication barrier was too large.

After the market, we returned home and learned our numbers! I've found that I pick up Swahili quite quickly, as some words I recognize from the dialect I speak to my parents in, but also because I feel really comfortable with the tone and pronunciation of the language. By the end of May, I want to feel comfortable holding a good conversation in Swahili!

We met with my uncle after sunset, and he took us for the best mishkaki in town. Mishkaki is marinated beef skewers and is one of my favourite dishes. It is really popular in my faith and culture and reminds me of home. The other interns loved mishkaki as well, and I really hyped it up, so I'm glad it exceeded expectations!

Finally, my uncle dropped us to Rock Beach Garden to meet the other expats at Chicken Run, a new bar right on the lake. Here, we met with a group of other expats. As soon as the DJ saw our group, he immediately changed the music to recognizable English music, which I found quite funny.

I'm having a great time exploring Mwanza, but I'm eager to get started working!

Source: *These are fictionalizations based on real blogs, created by the author.*

Note: *this case study was developed and written by Robert Gough, Wynnne Zhao, and Barbara Bruce and is their intellectual property. The materials are not to be posted to any websites or platforms or used for any other purpose without the authors' written consent.*

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11

Building learners' awareness of power: practical exercise(s)

Author: Bob Gough

Recognition

The activities included in this section are shared with permission from Western International and the numerous contributing authors. Special thanks to all of those sharing their experiences and learning activities related to building learners' awareness of power and self-reflexive practice.

Introduction

This section includes an introduction to critical and ethical global engagement in the context of student mobility, focusing on students from the global North engaging with the global South, and examines ethical dilemmas which exist in North-South relations. Ultimately, the goal is to help p student mobility program participants anticipate and navigate unintended negative consequences and, in this way, better prepare students to 'do no harm.' A key message in the introduction is that hyper self-reflexive practice is crucial to mitigating unintentional or deliberate enacting of privilege, given the reality of global inequality may result in asymmetrical power relations in partnerships that lead to the reproduction of colonial relationships.

The introduction is followed by online learning modules with accompanying resources, as well as a case study and teaching notes for teachers and facilitators to help learners become more aware of power and their own positionality as it relates to intercultural competence, self-reflexive practice, learning abroad, and gender norms and sexual violence. At Western University, these activities and exercises are used to prepare students for learning abroad, as well as being part of course offerings aimed at preparing learners for ethical global engagement in their future careers. The online modules are being offered as part of a certificate program called Research Excellence Certificate in Power and Equity, as well as being offered together as a micro-credential in Global Health Equity. The various exercises allow participants to examine global engagement both critically and ethically in preparation for an international learning experiences and for careers in a global environment.

Purpose

The exercises and activities are intended to be used individually or in a variety of compilations so that participants are guided to self-reflect on similarities that could exist between the North and South, revisit personal assumptions, and explore ethical issues in cross-border collaborations. Information and exercises include:

- CEGE Online module, facilitator's guide, PowerPoint presentation
- CEGE Case Study, Teaching Notes, and experience of developing such a case study
- Gender Norms and Sexual Violence online module, facilitator's guide and PowerPoint presentation
- Foundations for Intercultural Competence & Global Engagement module

Learning objectives

At the end of the course, participants will,

- Develop skills and knowledge needed to succeed in a multicultural workplace
- Demonstrate an appreciation of the value and complexities of cultural differences
- Define and demonstrate awareness of one's positionality and self-reflexive practice to mitigate asymmetrical power relations
- Develop awareness tension areas to navigate gender norms and sexual violence across cultures

Activity format

The course contains three modules: Foundations for Intercultural Competence & Global Engagement; Critical & Ethical Global Engagement; and, Gender Norms & Sexual Violence. Participants are expected to complete all three modules to earn the Certificate in Global Learning and Education. The modules were designed as a standalone certificate module. So, students can get certified in any of the modules, although we encourage students to complete all modules to gain the full benefit of the course. Each module may form a required component of a particular co-curricular, academic, or training program. In such cases, the module assignments and worksheets may be referred to in supplementary workshops or discussions, as advised by the facilitator administering the program. While this is designed for asynchronous delivery, it can also be delivered synchronously online and offline. Each module contains lessons, quizzes, and questions to encourage participants' reflection that must be completed to complete the course.

Resources

- Resources:
- No prerequisite knowledge required
- Internet access
- Laptop
- Chairs and tables
- Writing pads and pens
- Flip charts

Modules Overview

In this module, students will develop the skills and knowledge necessary for interaction within multicultural settings. It is expected that at the end of the module, students will develop cultural humility and an appreciation of cultural diversity. By cultural humility, we mean engaging students to admit their prejudices and be willing to learn from others' experiences. The module will cover topics on concepts of culture, cultural differences and similarities, cultural awareness, diversity and inclusion, and intercultural communication. The module may be delivered asynchronous, synchronous or as a workshop.

Instructions

- Students should download and save the critical self-reflection worksheet which they will complete as they progress through the module.
- To earn a certificate of completion students must achieve a passing grade of 80% in the online module.
- Students may be asked to submit the critical self-reflection worksheet if this module is taken as a component of an academic co-curriculum or training program.
- If the module is delivered in a non-asynchronous format, facilitators should be subject matter experts, experienced in delivering sensitive training.
- Facilitators may use a PowerPoint presentation to guide discussions.
- Facilitators may use the facilitator's guide provided that provides scenarios and sample exercises, if they are unable to develop exercises and scenarios.

Critical & Ethical Global Engagement Certificate

In this module, students will examine global engagement through a critical and ethical lens. The purpose of this module is to engage students in a self-reflective journey that forces them to examine the impact of students moving from the global north to global south. The module is in two parts. Part A focuses on the analysis of social, political, economic, and historical contexts that continues to perpetuate the gap between the north and the south. Students are trained to interact with global south partners with awareness of these contextual factors. Part B focuses on building students' capacity to navigate and mitigate power relations resulting from global political issues such as colonialism when dealing with host communities.

Instructions

- Face-to-face workshops should be used to complement asynchronous delivery where case studies are analyzed in group discussions.
- The workshop format should focus on small group discussions and case studies should be rotated across each group to discuss the separate groups' perspectives.
- Alternatively, each small group may be asked to report to the larger group.
- Facilitators should be subject matter experts, experienced in delivering sensitive training.
- Facilitators may use a PowerPoint presentation to guide discussions. Please follow this [link](#) to access a sample of a PowerPoint on GHE hub.
- Facilitators may use the facilitator's guide provided that provides scenarios, case studies, and sample exercises. Please follow this [link](#) to access the facilitators' guide on GHE hub.

Gender Norms & Sexual Violence Certificate: For synchronous delivery, facilitators should first identify the various groups present in training. Acknowledging the diversity of participants creates a safe space for open and sincere discussions. Facilitators should particularly give special attention during the gender norms and sexual violence module because of the topic's sensitive nature. Depending on the context of adoption, facilitators may choose to remove components of the course that may not align with their views. This module was designed for Global North students. However, the authors are confident that it can be adopted in any context globally.

Critical & Ethical Global Engagement Certificate

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Instructions

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- Facilitators may use the facilitator's guide provided that provides scenarios, case studies, and sample exercises. Please follow [this link](#) to access the facilitators' guide.

Gender Norms & Sexual Violence Certificate

In this module, the focus is on creating awareness, critical thinking, and discussion on gender norms and how these can contribute to the perpetuation of sexual violence. Gender norms and sexual violence are very contextual based. Students are engaged to examine these issues within the global north and critically examine how context-specific the subject is in preparation for going abroad. Students are engaged to consider tension moments, which is a conflict between an individual's personal values and beliefs and the values and beliefs of the host communities. This module was designed for Global North students. However, the authors are confident that it can be adopted in any context globally.

Instructions

- Facilitators should be subject matter experts, experienced in delivering sensitive training.
- Facilitators may use a PowerPoint presentation to guide discussions. Please follow this link to access a sample of a PowerPoint on GHE hub.
- Facilitators may use the facilitator's guide provided that provides scenarios, case studies, and sample exercises. Please follow this link to access the facilitators' guide on GHE hub.
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- Alternatively, each small group may be asked to report to the larger group.
- Depending on the context of adoption, facilitators may choose to remove components of the course that may not align with their views.

Tips & Considerations

It is important that the facilitator of the CEGE module is comfortable openly acknowledging and discussing global inequality and the impact of this inequity. The module challenges colonial values and privilege which may result in some defensiveness on the part of participants as they examine their own bias and problematic beliefs/values. Discussing examples of ethical dilemmas helps ground understanding, clarify differences given the overlap between ethical dilemmas, and demonstrate there are not necessarily right or wrong answers, but tension areas.

The facilitators have noticed that it is crucial for participants to have completed the online modules before the face to face workshop. Not only does this ensure all are working with the same content knowledge, but in some cases more resistance and negative behaviour has arisen when participants do not have the foundation and are arguing based on their existing ideas.

The Gender Norms and Sexual Violence module includes sensitive and very explicit content and language and facilitators must be very comfortable discussing the issues and using colloquial language. Our team has brought in experts from ANOVA, the local sexual assault centre, to facilitate these workshops effectively.

Resources

<https://international.uwo.ca/learning/fime.html>

About Authors

Abe Oudshoorn is an Associate Professor and Arthur Labatt Family Chair in Nursing Leadership in Health Equity at The Arthur Labatt Family School of Nursing, Western University and Managing Editor of the International Journal on Homeless available at ijoh.ca. Abe teaches community health, mental health, global health, research methods, and Advanced Nursing theory. His research interests include homelessness prevention, women's homelessness, program evaluation, health promotion, refugee housing outcomes, critical ethnography, qualitative methods, participatory action research, poverty and health, critical theory, mental health, and others.

Ashley McKeown is a trained nurse and a Limited-Duties Lecturer with The Arthur Labatt Family School of Nursing, Western University. Ashley teaches community health, mental health, global health, research methods, obstetrical and neonatal nursing and medical surgical nursing. Ashley completed her Master's in Advanced Nursing Practice, focusing on Leadership in Nursing Education. She has experience teaching clinical placements in pediatric and community settings in Rwanda, as well as facilitating teaching-related workshops to nursing and midwifery educators. Her research interests include global health, nursing education, Indigenizing nursing curricula, obstetrical nursing care, and breastfeeding.

Barbara Bruce is an Assistant Professor and the Experiential Learning Coordinator in the School for Advanced Studies in the Arts & Humanities (SASAH) at Western University. In her teaching and coordinator roles, she is committed to helping Arts and Humanities students develop their transferable skills, teamwork and leadership abilities, and professional practices. For her students, she facilitates engagement in local and global communities and collaborates with internal and external partners to develop challenging and meaningful educational and work opportunities.

David McHugh is a Master of Business Administration (MBA) student at the DeGroote School of Business at McMaster University, Burlington, Ontario. David is interested in health systems transformation, access to health services, long-term care policy, and quality improvement. David completed his M.Sc. and B.A. at Western University and was Chair of the Global Health Equity Collective. He is also interested in global health ethics and practice, public health equity, and physical activity and chronic disease surveillance.

Elysée Nouvet is an Associate Professor in the School of Health Studies at Western University in London, Ontario, and a long-standing member of the Canada-based Humanitarian Health Ethics research group. She served as co-lead for the Health Equity in Context IDI (HEIDI) which was the driving force behind this sourcebook, and is the coordinator of the Global health equity hub at Western, <https://ghe.uwo.ca/>. An anthropologist by training, she teaches courses on mental health across cultures, social determinants of health, and global health. Her research focuses on global health research ethics, socio-cultural dimensions of suffering, and humanitarian healthcare, with an emphasis on lived experiences of marginalized populations.

Erynn Monette is an M.D./Ph.D. candidate at Queen's University in Kingston, Ontario, Canada. Erynn is interested in cultural determinants of rural healthcare and how a knowledge of local culture can inform more efficient health promotion programs. Erynn completed her M.Sc. at Western University examining spiritual and psychosocial palliative care needs in rural Ontario communities. She is also interested in global health ethics and community-based participatory research.

Eugenia Canas was a postdoctoral fellow in Health Information Science at the Faculty of Information and Media Studies (FIMS), Western University, London, Ontario. Her research focused on mental health systems and the engagement of young people as stakeholders in healthcare. Eugenia received her Bachelor of Fine Arts from Western University, followed by a Masters in Linguistics from York University. Following her passion for art and writing, Eugenia spent a decade in Toronto working as an editor, including a 5-year tenure at the Art Gallery of Ontario. Eugenia's interest in helping marginalized youth brought her back to London to work with various not-for-profits. During this time, she earned her doctorate degree in Health Information Science at Western University. Eugenia was an integral part of the HEIDI team and Western community. She passed away in 2021.

Innocent Iyakaremye is currently Senior Lecturer at Centre for Gender Studies, University of Rwanda, where he is teaching and supervising master's and PhD dissertations. Iyakaremye is the Chair of the Council of Kibogora Polytechnic, a faith-based private university in Western Province, Rwanda. He is the co-founder of Channel of Love Foundation, a national charity organisation and a religious minister in Free Methodist Church in Rwanda. His publications and research interests include gender, GBV, children and youth, and vulnerable people.

James Shelley is the Knowledge Mobilization Coordinator in the Faculty of Health Sciences (Arthur Labatt Family School of Nursing), a Research Project Coordinator in the Office of the Dean at the Faculty of Health Sciences, and a Knowledge Mobilization Coordinator in the Faculty of Social Sciences (Department of Geography) at Western University. In addition, James is the project lead for Western University's Complex Adaptive Systems Lab. His personal research interests focus on the intersection of complexity theory and communications.

Joseph Kalisa is a licensed Clinical Psychologist and Narrative Therapy and community practitioner in Rwanda and works at both University of Rwanda/Centre for Mental Health and Geruka Healing Centre as both a practitioner, Researcher and Capacity Building Coordinator. He coordinated the HEIDI-Rwanda project for a period of 3 years and facilitated Mbwira Ndumva Conversations bridging research and community action through shared platforms for researchers, academicians, and community members.

Kathrine Butler is a graduate of Western University's Honours Specialization in Health Sciences undergraduate program where she focused on Global Health and International Learning. She collaborated with Rwandan partners as a Western Heads East student intern, International Learning Ambassador and researcher. She currently lives and works in Toronto as a contemporary visual artist. Much of her work is figurative, promoting body confidence and self-expression. Through this project, she has been able to bring together her passion for visual arts and Critical and Ethical Global Engagement to make a meaningful contribution.

Lloy Wylie is an Assistant Professor in the Schulich Interfaculty Program in Public Health appointed to Psychiatry, Pathology with a cross appointment to Anthropology at Western University. Her research interests are health systems and health services with an equity lens and community participatory research. Her current research is focusing on Aboriginal, immigrant and refugee health drawing on cultural safety as a framework for health systems improvements.

Marlene Janzen Le Ber is Professor, Leadership Studies and Distinguished Chair, Centre for Women & Leadership. A multiple research grant holder in complex processes of leadership, her research spans core topics in leadership (i.e. collective leadership; leader character, aspirations, and identity development in women; organizational change related to EDI-D) to policy and social change. Marlene's teaching is all leadership related: gender, intersectionality & leadership; leader character; positive organizational scholarship; giving voice to values; leadership development in organizations; and spirituality and leadership. Prior to her doctoral studies, Marlene was a health care executive within academic health sciences centers, known as a strategic leader who spearheaded numerous health system innovations.

Mary Ndu is currently a PhD Candidate at Western University in London Ontario, Canada. Mary is interested in people centered policy development and the role health "beneficiaries" play in policy formulation and implementation. Mary obtained her Master's in Public Health from the University of Essex, UK. She has almost a decade experience working in maternal and child health in Nigeria with USAID. Mary also has interest in global health ethics, social determinants of health, health seeking behaviour, gender equity, and decolonization.

Maxwell J. Smith is a bioethicist and Assistant Professor in the School of Health Studies in the Faculty of Health Sciences at Western University, where he co-directs Western's Health Ethics, Law, and Policy (HELP) Lab. His research is primarily in the area of public health ethics, with a focus on infectious disease ethics and the ethical requirements of health equity and social justice in public health policy, practice, and research.

Phaedra Henley is an Assistant Professor and the Director of Center for One Health at the University of Global Health Equity (UGHE) in Rwanda. Here, she oversees the development of its One Health research program, curriculum and community engagement. Previously, Phaedra worked as an Assistant Professor at Western University, Canada where she contributed to establishing, implementing, and teaching two new graduate programs in global health systems. This included developing field courses in Kenya and Uganda. She has a PhD in Pathology, a Master in Environment and Sustainability, and a BSc in Medical Sciences. Her research experiences include conducting interdisciplinary, community-based participatory projects in Naivasha, Kenya and two First Nations in Canada.

Robert Gough is the Director of International Internships and Development at Western University. Bob was instrumental in creating the Western Heads East program, a collaboration between Western staff, students, faculty, and African partners using probiotic yogurt social enterprises to empower women while bringing health to their communities. Working with student interns and community partners in East Africa sparked Bob's interest to pursue a master's degree in Comparative and International Education at Western University, conducting research into perspective transformation, and pursuing mutual and reciprocal relationships in Global North and South partnerships. He continues to work with researchers and colleagues to develop practical approaches to critical and ethical global engagement and reflexive practice.

Tanya Benjamin-Thomas is an Assistant Professor in School of Occupational Therapy at Texas Woman's University, Houston, Texas. Her research interests broadly encompass working alongside children and youth experiencing marginalization within local to global contexts through participatory and creative methodologies as means to address social change. Tanya teaches evidence-based practice for the Doctor of Occupational Therapy (OTD) students at Texas Woman's University. She holds publications addressing participatory action research, creative and digital methodologies, occupational justice, childhood disability and rehabilitation, and children's participation. Additionally, Tanya has been involved in social innovation work addressing global mental health challenges in rural Kenya, as well as in contributing to scholarship on critical and ethical global health research and practice.

Uche Ikenyei is a recent Ph.D. graduate at Western University, London Ontario, in the Department of Health Information Sciences. Uche teaches Global Health Assessment in the Global Health Systems Master's degree program also at Western University. His career prior to his Ph.D. program revolved around improving the use of data to guide programmatic, operational, and strategic decision-making in global health practice. His research interest focuses on exploring how the decision-making process can be improved in developing countries to ensure that their pandemic preparedness is responsive and resilient. He is also interested in exploring how to improve the performance of the health systems, to improve health outcomes and global health security.

Additional resources

