

Developing context relevant and inclusive course outlines and reading lists

Panel:

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Course development and implementation



With thanks to Andrew Green



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- Director of University College London (UCL) Centre for Global Health Economics & Deputy-Director of Institute for Global Health
- Vice Chair of European Global Health Research Institutes Network
- Research: Fiscal space, anti-poverty programmes, gender empowerment



Neha Batura

- Assoc. Prof. in Health Economics at UCL Institute for Global Health
- Leads MSc in Health Economics and Decision Science
- Designing & delivering modules on microeconomics and econometrics



Lucy Irvine

- Medical anthropologist at UCL Institute for Global Health (IGH)
- Leads iBSc in Global Health and various modules
- Developed “Decolonising Global Health Toolkit” with Dr Rochelle Burgess and IGH postgraduate students



Jane Chuma

- Senior Health Economist, World Bank Nairobi Office
- Health Financing Specialist, KEMRI Wellcome Trust
- Member of team that founded Masters in Health Economics programme at the University of Nairobi

How to decide on topics?

Look at other curricula

I'm facing this just now albeit with a starting point of an existing course... I am discussing with others what the key outcomes should be and therefore what topics lead to those

Want a mix of methodology but also practical examples

Students' profession and academic background

Use texts books to guide you

What reading materials?

blogs can sometimes be very helpful

text books?

Papers and texts

Pre prints and blog posts, for broader representation?

themed issues of journals good

Papers, policies

new journal articles - I have a folder to add these to as 'possibly for teaching' all year round

Bringing it 'alive'

Accessibility of some literature

Mainly that I am new to this.....!

drawing in relevant examples from areas I'm not familiar with myself

Nothing on my country

What challenges?

balance between theory and applications

what is the right number of readings for each topic?

Considering context appropriateness (assumptions of data availability)

too much! Keeping it current

Too much material - breadth vs depth

Moving from theory to practice

Relevance or application to local context

Accessible reading, especially if the course is interdisciplinary - e.g. interesting enough for those with existing knowledge, but not too difficult for those new to subject

Reflections on developing the Decolonising Global Health Toolkit

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Background

- The “Decolonising Global Health Toolkit” is part of a broader ongoing decolonising work process at IGH.

The problem:

- Long-standing BAME awarding gap in the institute across MSc and iBSc modules.
- 2019/20 - MSc Global Health students conducted a survey of their coursemates in response to what they perceived to be a lack of representation in the curriculum at IGH, and concerns around some of the imagery and language used in educational materials.

Our response so far:

- May 2020 - Dr Rochelle Burgess, myself and these students formed a Decolonising Global Health Working Group.
- The Group has hosted several discussion based events and held regular meetings.
- The toolkit is one of the main outputs of this group. It is an easy to read, 7 page PDF document, which has been widely shared within our department, and is designed to provide teaching staff with concrete examples of issues, and clear actions to address these.

The toolkit is organised into three broad thematic areas: Accessibility, Misrepresentation, Language

1. Accessibility

The level at which course material and the learning environment are reachable, approachable, and traversable to all.

Students may hesitate to engage in the classroom due to preconceptions about classroom etiquette from previous educational experiences, discomfort from being misunderstood by educators, among other reasons.

Examples: Behaviours such as using condescending tones with non-English speaking students or generalising terminology.

To address this:

1. Encourage students to ask questions and contribute criticisms and perspectives *in ways that best suit them*.
2. Explain why and how enquiry and critique is important in the classroom.
3. Ensure that tutorial leads are properly trained to open the floor to questions, addressing them, and encouraging/ facilitating discussion.

2. Misrepresentation

Misaligned verbal and/or visual portrayals of people, groups, regions, and cultures—often stemming from stereotypes or bias.

Examples: Students have reported too many images of impoverished black children and frowning women in saris with children on their hip that are used in global health to portray need/adversity.

To address:

1. Avoid relying on images of people to portray your examples and/or research. Rather, include empowering or neutral imagery.
2. If you use imagery, ensure that the groups represented are balanced: where black, indigenous and people of colour (BIPOC) are not only represented as being helped, and non-BIPOC people are not being represented only as individuals helping, or are in power.
3. Expand the breadth of your case studies and examples. Case studies and examples should come from all over the world to maintain a balanced representation of where and how global health is practiced.

3. Language

The expression of racism and/or exclusion through text and speech.

Examples: The use of “Africa”, “Sub-Saharan Africa”, “Third World”, and the use of generalising statements about diverse regions or peoples.

To address:

1. Be as specific as you can to the country and ethnicities being discussed. If examples and papers use these terms, address it and provide opportunities for discussion that help student move away from generalising terms.
2. Explain why a change in terminology is important: discuss terminology vs. semantics, and the role language plays in neo-colonialism.
3. Using income group classifications such as high/low/LMIC in place of terms such as “developing”/“developed” countries can be less value-laden.

MISREPRESENTATION:

Ask yourself...	Content...	Praxis...
How does the content provided in your syllabus/programme portray low income communities and communities of colour?	<ol style="list-style-type: none">1. Avoid relying on images of people to portray your examples and/or research. Rather, include empowering or neutral imagery.2. If you use imagery, ensure that the groups represented are balanced: where BIPOC** are not only represented as being helped, and non-BIPOC are not being represented only as individuals helping, or are in power. <p><i>**Black, Indigenous, and People of Colour</i></p>	<ul style="list-style-type: none">• When planning lectures and presentations, consider the impact of the types of images you select.• By using images of individuals that are happy and engaged rather than sick or suffering, you are representing a more respectful image of that person and the issue you're trying to represent. This also combats the saviour narrative.• This ultimately avoids perpetuating symbolic violence against historically marginalized groups.

Examples	Students have reported too many images of impoverished black children and frowning women in saris with children on their hip are used in global health to portray need/ adversity.	Rather than showing a sick person in need of medication in the clinic, show images of medicine itself, or perhaps the clinic. If you want to show people, use pictures that you have been given the consent to use, and show empowerment—not saving. Ensure the individuals are clearly working with, not being worked on.
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Future directions and reflections

Feedback from staff so far very positive, with several staff members commenting on how useful specific suggestions have been for them (for example, changing terminology used to describe regions of the world).

The toolkit is now being developed further by Dr Burgess, who has received funding to run a pilot implementation of the Decolonising toolkit to address the BAME attainment gap across the Faculty of Population Health Sciences.

Reflections...

Does it go far enough? Changing images and representation on reading lists superficial?

There is some value in understanding the trajectory of language such as “developing world” but problematising and discussing it. Same for reading dominant/well known/classic readings.

Research4Life.org

- ▶ Institutions (universities, research institutes, national libraries) in low- and middle-income countries (LMIC) can get free or low-cost online access to books and journals
- ▶ Hinari for health publications (with WHO)
- ▶ Over 200 international publishers support this initiative

Research4Life.org

- ▶ Institution may already be registered:

<https://www.research4life.org/access/institutions-registered/>

- ▶ Importantly: “Academic and teaching staff may make copies in print or digital form of articles for coursepacks.”
- ▶ Can download articles & chapters, not whole books or journal issues
- ▶ With this resource, feasible to compile relevant, inclusive reading lists for courses