



Moving Beyond  
Solidarity Rhetoric  
in Global Health

**CNERS**  
**Comité National d’Ethique pour**  
**la Recherche en Santé Guinée**  
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## Solidarity and global health - perspectives from francophone Africa

### Workshop report

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**Organizers:** Elysée NOUVET, Oumou Younoussa BAH-SOW, Caesar ATUIRE

**Rapporteur:** Mamadou Mouminy BARRY

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**Contact / Questions:** [enouvet@uwo.ca](mailto:enouvet@uwo.ca)

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## Introduction

In 2022, with funding from a Wellcome Trust Discovery grant, several researchers launched “**Moving beyond solidarity rhetoric in global health,**” a project that aims to expanding debate and understandings of solidarity in global health, and develop tools for a robust assessment of the presence or absence of solidarity in global health initiatives. As part of this project’s implementation, five international workshops are planned between 2023 and 2025. The international workshops represent a first phase and a listening exercise aimed at making more visible various perspectives on solidarity, With an emphasis on knowledge from the South.

This report is a summary of the discussions that took place at the workshop for French-speaking Africa in Conakry (Guinea), from March 18 to 19, 2024, at the Hotel Noom.

**Program:** Organized by the *Comité National d’Éthique pour la Recherche en Santé de Guinée* (CNER) under the leadership of Professor Oumou Bah-Sow, and in collaboration with the teams of Professor Elysée Nouvet from Western University, Canada and Professor Caesar Atuire from the University of Ghana, this workshop began by welcoming and settling in participants from 12 countries (Austria, Benin, Burkina Faso, Cameroon, Canada, Ghana, Guinea, Mali, Democratic Republic of Congo, Senegal, Switzerland and Tunisia).

### “*Tour de Table*”: our various connections to solidarity

Following the opening ceremony, with words of welcome from the organizers and a representative of the Minister of Health and Public Hygiene, discussions began with participant introductions.



All participants were invited to share an actual or observed experience of solidarity, or an observation of its absence. These experiences generally revolved around crisis situations, in particular the management of epidemics and natural disasters, but also surfaced personal accounts of illness and scenarios where a participant felt compelled to take action in response to others’ unmet needs. (See Appendix 1 for 4 exemplary reflections from the “*tour de table*”).

Some participants testified that they had been discriminated against and rejected by people close to them, including members of their family due to their health condition. Several described benefitting from moral, psychological and financial support during difficult times. Solidarity, or the lack of it, was discussed from several angles. For some participants, solidarity means sharing love, a way of life, a commitment, knowing how to listen attentively, and accepting the person in front of you. Solidarity, or the lack of it, can be observed at individual, collective community,

national and international levels. For others, solidarity also means receiving recognition in return for their efforts in helping others.

Some participants denounced forms of shallow or insincere solidarity on the part of those with power and means, who dictate the direction of actions according to their needs or interests. The case of the Ebola epidemic, where all the samples taken were taken out of affected countries, was held up as a case in point of problematic actions that can persist alongside claims of solidaristic action. During the COVID-19 pandemic, the failures of COVAX were perceived by some as concealing certain relationships of dependence and inequality.

## Discussion 1: Collective analysis of the “*tour de table*”

This first collective analysis focused on the elements raised during the “*tour de table*”, with the questions below provided to participants, aimed at deepening reflections on solidarity:

*1.a What does solidarity require (in terms of conditions, motivations, feelings, or relationships between the people/parties involved), according to what was shared during the round-table discussion?*

*1b. Are there any differences of opinion in the group to be highlighted?*

*1c. Do you think that some of the characteristics attributed to solidarity or some of your reflections on questions 1a & 1b can shed light on elements of best practice or challenges in international collaboration? Please explain.*

Five groups formed for this purpose proceeded to report on the various reflections on what solidarity requires (in terms of conditions, motivations, feelings, or relationships between the people/parties involved), based on what was shared during the roundtable. Views converged on the following points:

Partnerships between individuals, peoples or institutions that demonstrate solidarity imply and require several feelings or orientations towards others: love, humanism, compassion, empathy, self-giving, patience, acceptance, sincerity, respect, sharing, commitment, assistance, trust, fraternity. In these descriptions, we mean solidarity as an example of humanism or good human behavior (moral behavior).

Several participants included religion or "human nature" in their descriptions of solidarity as a moral and normative requirement. The following were statements offered by participants during the discussion, illustrating this perspective:

*“Interdependence is perhaps innate in man. Human nature is by definition and at its origins solidaristic.”*

*“L’interdépendance est peut-être innée en l’homme, la nature humaine par définition dès l’origine, c’est carrément de la solidarité.”*

*“A religious principle shared by all religions is that ‘he who does not concern himself with my problems is not of my people.’”*

*“Un principe religieux partagé par la totalité des religions dit que celui qui ne se préoccupe pas de mes problèmes n’est pas le mien”.*

“Solidarity in its broadest sense is an obligation for everyone, because God, in His infinite knowledge of His creatures, imposes rules on us so that we can show solidarity with one another”.

*“La solidarité dans son sens le plus large est une obligation pour tous, car Dieu dans son infinie connaissance de sa créature nous impose des règles pour que nous puissions être solidaire entre nous”.*

Diverse views arose regarding the connections of "happiness" to solidarity: for some, the quest for happiness is a driver or ingredient to act in solidarity, while for others, happiness is a consequence of bringing solidarity to others.

Not only did the participants emphasize *'positive'* feelings in their explanations of what solidarity requires or implies, they also noted that solidarity can be motivated by a recognition of our interdependence, which is linked to fear or anxiety of self-preservation: I'm helping you to protect me from something. The example given was of a politician who acts for and with the benefit of the people: "Human nature demands solidarity from us; God created us with diversity to favor living together. The head of State needs others to eat, live, get around, etc.". A participant noted with this example that, "Solidarity is not free."

Is it solidarity when an act or partnership is motivated by personal gain for those who respond to need? The question of whether solidarity should be selfless - with no ulterior motive other than wanting to do what God would want and/or what is possible to improve a difficult situation for our brothers/sisters - was raised without resolution by these reflections.

Solidarity can take the form of moral or emotional support, but it can also require material resources. This raises a question: can we be in solidarity without material resources? Reflecting on help affected by an earthquake in Guinea sheds light on the links between solidarity, non-material resources (psychological, emotional) and material resources. One participant describes how solidarity in the case of this earthquake was demonstrated by the community without great material resources, before and more than by the State or other actors who could have accessed more means. Immediately after the earthquake, spared community members began to rebuild, clean up, and find ways to mitigate the losses of those affected, thus demonstrating and bringing emotional and psychological help to those affected. Underlined by the person offering this example was the speed of this community response. Solidarity may require material resources to be true solidarity in some cases (when there is a real need for resources to meet needs during a crisis), but it is also important that these resources arrive in a timely manner. Making those with urgent needs wait is not solidarity. If solidarity is to be solidarity, it must not be too slow.

In the descriptions of solidarity that emerged from this first discussion, we heard a recurring localization of the requirements of solidarity with the person who responds to the needs of others: how solidarity is recognized, is found in the person who responds to the needs of others. No one mentioned or raised the question of what it requires of the person in need. What was noted was that solidarity requires an expression of need: there can be no solidarity without needs.

Solidarity must be based on mutual recognition of the contexts in which we evolve. This means understanding the modalities that structure our relationships, as well as the economic, historical and social issues that define our specific contexts. By understanding these prerequisites, we can work together more effectively and respectfully.

Certain characteristics of solidarity were identified in this first discussion. These helped shed light on elements of good practice or the challenges of international collaboration, in the eyes of workshop participants:

- For an act of solidarity to be possible, the need must be expressed by the states or communities concerned, specifying the nature of the support required and the methods of assistance.
- Feelings and relationships of paternalism, dependence and exploitation exist in efforts called "solidarity", but these run counter to solidarity. International solidarity must be based on true partnership: in other words, a relationship that prioritizes equity, in which there is respect for those with more for those with less, where there are good listening practices, where empathy and compassion for others is evident, and where there is trust between those involved.
- True solidarity is when affluent countries feel obliged by their privileged position to help reduce inequalities and enable others to emerge.
- In this discussion of the characteristics of "true" solidarity, its moral experience, and its ideal implementation, the participants' words are above all complementary. Among the normative ideas asserted, we find that:
  - Solidarity is mutual assistance giving rise to moral satisfaction.
  - Ideal solidarity is "from the heart": it includes a sincere desire to see the conditions of another improved, and we commit ourselves to it unselfishly; true solidarity doesn't expect anything in return.
  - In a relationship of solidarity, each party must recognize and understand the other's situation, needs and challenges. Engage with respect, i.e. act in an empathetic, non-intrusive way that preserves the dignity and rights of each person.
  - However, solidarity implies reciprocity, or a norm of mutual assistance, even if there is an imbalance in the possibilities of what each can contribute.
  - Solidarity implies patience and may require time to understand the needs of others and to establish relationships of trust.

## Solidarity in everyday life - Ethnographic insights



### Presentation 1: Solidarity in French-speaking Africa: a literature review

*Doral Berinyuy ; Francisco Mendina, Western University, Canada*

**Doral BERINYUY and Francisco MENDINA**, members of the "**Beyond the rhetoric of solidarity in global health**" project team at Canada's Western University, shared the results of a literature review on solidarity in French-speaking Africa.

Key points made included:

- Solidarity is not clearly defined in the literature from francophone Africa, with the term often used alongside discussions of charity, living together, collaboration, reciprocity, cooperation, communitarianism and support without clear distinctions.
- Discussions and studies in the region, with very few exceptions, associate solidarity with community or family self-help practices.
- **Solidarity is described by most authors as a pro-social force:** it fosters community, family and individual well-being by promoting security, encouraging a sense of belonging and acceptance of shared identity, provides mechanisms for redistributing resources leading to the reduction of inequalities, and encourages reinvestment in the community fostering economic growth.
- Although distinct from solidarity, the literature suggests a relationship between social capital (the sum of a person's interpersonal ties and civic participation, according to **Migheli**, 2017) and solidarity, in the sense that both promote cohesion and trust within the community, and both contribute to benefits to its participants while promoting common interests and goals.
- The major motivations for solidarity identified in the literature are religion/zakat, tradition (acting in solidarity as a way of life taken for granted), and fear. According to many authors, solidarity seems to come naturally to most Africans. It's simply a way of doing things within the community.
- **Solidarity is not optional:** in the family and in the community, it is such a strong norm that there is no other choice.
- If some feel obliged and pressured by expectations of solidarity, they do not do it for fear of social judgment, social repercussions or curses.
- **Some authors highlight the non-ideal impacts of solidarity standards in the region:** this is linked to observations of mental problems in young unemployed men in a given context, to the reproduction of inequality in another, where "solidarity" allows a norm of economic



dependence for older women without work or government support for their own, and the demotivation of professional development for some in another.

## Presentation 2: Joy and solidarity: testimony to the fight against tuberculosis in the Democratic Republic of Congo (DRC)

*Maxime Lunga, National Secretary of Club des Amis Damien-CAD, DRC*



This presentation was made by Mr. **Maxime Lunga NSUMBU**, a tuberculosis survivor from the DRC, who founded the NGO Club des Amis Damien in 1999, bringing together people recovered from tuberculosis to provide support for tuberculosis patients and raise awareness among the population, with a view to saving lives through a commitment based on voluntary work. At the end of his presentation, the discussion surfaced several points about what solidarity implies or requires. Thus, solidarity implies or requires...

- Motivation par excellence, due to the products that result from action based on voluntary commitment.
- Aspirations, or the desire to get out of a dire situation.
- Giving hope for life and strength to face any obstacle.
- Providing a feeling of pleasure, of intense happiness, characterized by a fullness that nourishes and keeps the flame of commitment burning.
- Bringing happiness to the hopeless.

Lunga proposed that community involvement can only be effective and lasting if it is based on certain values: willingness/volunteerism, love and mutual support. Music can be an important mechanism for communicating and fostering solidarity movements and feelings: "music is the foundation of a solidarity movement, because it is the manifest expression of the joy without which the movement is not sustainable".

## Discussion 2: From the everyday to the global

This group work session followed and built on discussion from the previous two presentations from Western University and the DRC.



Small groups of 5-6 participants were asked to discuss the following questions:

*2a- Is it realistic to expect relationships of solidarity like those described in these examples, in support between countries with different resources and cultures/beliefs? Why or why not?*

*2b- Can solidarity exist between parties who do not share the same access to resources or the same cultures? On what condition(s)?*

*2c- What links do you perceive between: the impacts and complexities of solidarity in the examples described, and the expectations or relationships of solidarity in specific cases in the field of global health?*

After more than half an hour of reflection and discussion in each group, a feedback session followed.

Regarding question 2a, concerning expectations of the realism of solidarity relations between countries with different resources and cultures/beliefs, the participants affirmed that the reproducibility and realism of meaningful solidarity in such instances depends on the approach used and the conviction of the players involved. In the absence of these elements, it is necessary to adapt interventions by contextualizing them to local realities. Challenges linked to the approach must be considered to ensure solidarity, notably by considering cultural conditions, beliefs, background, rules, the interest of reciprocity, financing and the networks involved. It was stressed that no country wants the spread of contagious diseases, nor is it immune to natural disasters or epidemics. However, the sustainability of volunteering can compromise the reproducibility of an initiative.

In answer to question 2b, culture plays a crucial role in mutual understanding, especially when it involves several organizations. However, prior recognition is essential to undertake solidarity activities between entities from different cultures. Resources are essential to solidarity: people with more resources are needed to help those with fewer, otherwise the solidarity mechanism cannot function properly. Solidarity can become complex when donors or organizations sometimes have divergent priorities in relation to local communities. *Zakat* was highlighted as representing a moral guarantee motivated by the fear of losing one's possessions or suffering punishment in the hereafter.

In response to question 2c on the links between the impacts and complexities of solidarity, some argued that these links can lead to the resolution of problems, the improvement of living conditions, the reduction of inequalities and learning from experience. However, most of the impacts of current acts of so-called solidarity were deemed negative, notably due to a perception of these enacting forms of post-colonial violence, reproducing inequalities, and being inadequate responses due to poor targeting of needs. Complexities in calling for solidarity include the need for taking socio-cultural aspects into account and disparities in perceptions. For example, in sexual and reproductive health projects, the responses provided do not always correspond to local needs, but rather to the expectations of donors, illustrating a form of epistemic violence that pre-establishes the terms of solidarity without recognizing the real needs of individuals or societies.

Participants noted, at the end of this second discussion, the importance of clarifying the concept of to better define the term solidarity, so as to articulate its distinction from generosity, charity, mutual aid and assistance.

Day two kicked off with a discussion aimed at putting down on paper the ideas heard thus far about what solidarity is. What emerged from this was that, at the heart of determining what solidarity is and requires lies an assessment of the quality of the relationship between the parties involved. The "real solidarity" is characterized by the quality of the relationships between institutions, individuals and others involved in its implementation, but also by the quality of the relationships on which, or through which it emerges/is born. These relationships cannot be extractive, paternalistic, dependent or dependency-generating.

The second day of the workshop saw 5 presentations aimed at sharing different conceptions of solidarity from French-speaking African countries, and adding them to the bundle of notions, concepts and ideas on solidarity and its relevance, importance and limits.

## Practical and conceptual considerations

### Presentation 3: Gender and solidarity in global health: context, challenges and perspectives

*Rouguy Diao Balde, Francophone women leaders, Global Fund*



This presentation was delivered by **Dr Rouguy Baldé**, Guinea Chapter Manager of the NGO Women in Global Health (WGH), whose aim is to promote gender equality and the advancement of women's health leadership in global health.

In the context of French-speaking Africa, where women face high rates of poverty, low literacy rates, patriarchal barriers and limited access to resources, it is crucial to integrate gender into international solidarity.

Why take gender into account? Dr. Baldé described that doing so will improve women's access to resources and promote development by involving women. When women work, they contribute to the economy, and women's education has a positive impact on children's education and national development.

Despite these advantages, there are several challenges, including the weight of socio-cultural norms limiting the role of women, the lack of gender-sensitive funding, non-compliance with existing legal frameworks, the under-representation of women in decision-making bodies, and the lack of solidarity among women.

**In closing, Dr Rouguy asked a question: do you think respect for gender equality is a form of solidarity? Below are some of the responses of the group:**

“Solidarity is understood in the complementarity of our differences.”

“In a context of human rights and social justice, gender equality is solidarity.”

“Accompanying women in movements to demand their rights is a sign of solidarity with them.”

"In African tradition, we refuse to make women visible. When there is a need to consult for decision-making in African traditions, it is women who are consulted, which denotes the importance of women in African tradition."

## Presentation 4: Parasitic solidarity

*Elias Weiss, University of Vienna, Austria*

The following presentation was by **Elias Weiss**, a political science student at the University of Vienna, Austria, and focused on "parasitic solidarity". Weiss proposed this terminology to describe the abuse not only of rhetoric, but also of solidarity mechanisms by a solidarity group to the detriment of the original addressee.

Examples of "parasitic" solidarity provided included:

- Some parts of international aid and NGOs: phenomena such as voluntarism, green-washing, care-washing, etc.
- COVID-19: donating vaccines instead of patenting inventions to produce generics.
- Those who come to communities with food and other items to help, but in return raise awareness and encourage people to adhere to their religion.

The presentation elicited a comment from the Imam. He argued that there is always a prerequisite for human action to be it be done for God: "It is the intention that conditions the deed or word done. If deep down you know that you are doing it for something else, know that you have no reward, for God does not consider it a praiseworthy act worthy of positive reward".

Another participant objected to the term "parasitic solidarity": The notion of solidarity is so noble that associating it with something negative just doesn't fly. *Either it is solidarity or it is not.* Solidarity can only be positive and praiseworthy for both the recipient and the giver.

## Presentation 5: Solidarity system and public health ethics in a fragile health system in West Africa: the case of Guinea

Alpha Ahmadou Diallo, Ministère de la Santé et de l'Hygiène Publique/Comité National d'Ethique pour la Recherche en Santé (CNEERS), Guinea



Dr Alpha Ahmadou Diallo, executive at the Ministry of Health, member of the Comité National d'Ethique pour la Recherche en Santé, and of READ- GROUP-Guinée, drew on the Guinean context to address the link between solidarity and ethics. He described solidarity as being well rooted in the country's cultures and policies, manifesting itself in mutual support during happy or unhappy events through acts such as material aid, relief, sharing, and certain guidelines.

At the same time, as Diallo underlined, disparities in solidarity are apparent in a modern context marked by social transformations. Traditional village solidarity is diminishing with the rural exodus, conflicts between farmers and herders, and changes in urban lifestyles. Community ties such as mutual aid between neighbors is weakening in urban environments, exacerbated by migration and the great disparities observed between developed and developing countries, between rich and poor, and between men and women in the face of gender-based violence. It is becoming crucial to promote equity and social justice in a world faced with geostrategic challenges, complex agendas and prospects for sustainable human development.

The ethical aspect must be considered at every stage of the chain, from the initial intention to the final impact of all solidarity actions.

This presentation sparked a lively discussion, with a major contribution from **Professor Alpha Amadou Bano BARRY**, who added the following: **The typology of solidarity** within the family is based on circumstantial solidarity, ceremonial solidarity, everyday solidarity and janitor solidarity.

Is it solidarity between those who practice solidarity and those who benefit from it? Is it a form of solidarity that favors those who help rather than those who receive the effects? Wondering whether solidarity is primarily intended to benefit the recipients, or whether it serves rather to affirm the social and economic success of those who practice it, he illustrates this with an example taken from his family: "I have an uncle, who is probably the poorest in the family among his brothers; he once said: *'Whoever, after my death, slaughters oxen for a sacrifice, I curse him all the way to hell. If you have oxen, slaughter them now and I'll eat them before I die, because when I die, I know that you'll slaughter the oxen while I'm still alive and hungry'*".



The question of solidarity is often addressed in sociology, as Dr. Barry noted, in relation to the concept of give and take. Studies carried out in Guinea come to the same conclusion being described in the room during this discussion: the burden of solidarity falls on families and individuals rather than on the Guinean state.

“We need to question the question of solidarity, we need to discuss it, we need to question it down to its very core, in what is not said but often appears”.

Solidarity remains important in the fight against precariousness and vulnerability, for the protection of human rights and the social transformation for greater humanity, health/well-being, social justice and equity for human development.

### Discussion 3: Doubts and mistrust



The third discussion looked at solidarity from the angles of doubts and mistrust with different questions:

- When you think about the challenges or limits of solidarity, what comes to mind or worries you most?
- What practices, tools, efforts, ideas, etc. give you hope that we can exist in a world of greater solidarity?

Regarding the challenges or limits of solidarity, the following arguments emerged:

- Conceptual difficulty of solidarity: difficult to define, difficult to frame, lacking clarity, lacking precision. A consensus is needed on the definition of solidarity for the entities involved.
- Lack of information about the needs of people in need of support, or failure to take these needs into account. Actions need to be identified and directed at the right target.
- Inequality of wealth between countries (the weight of international solidarity depends on pre-existing links between countries).
- Collapse of solidarity between countries, societies and families. The problem of equity in institutional solidarity.
- Failure to consider ethics in the solidarity management chain: safeguarding people's dignity and respecting solidarity standards for stakeholders.
- Obligation of those who have succeeded to help others (we must feel the weight of the richer countries).
- Lack of tools to assess the success of solidarity.
- Problems of sincerity in solidarity actions: blackmail, sometimes collective hypocrisy. We need to work for greater equality of opportunity and equity to reduce inequalities. We need transparency in humanitarian solidarity.
- Intention behind solidarity must be good and unselfish.
- Focusing solidarity on real health crises (saving lives) rather than on structural causes for greater equity.
- Inclusion of all stakeholders at community, national and international level.

In the discussions, it was noted that solidarity is framed as an obligation for Guineans, since the national motto is *work-justice-solidarity*, but whether or not it can or should be forced in its absence was contested. For some people in the room, solidarity is not a right, because it is not asserted nor it can be perceived as a necessity, depending on the circumstances. For others, human solidarity must be claimed, as it is the guarantor of our species and appears to be the basis of the social contract. The consequences of climate-change actions in China, for example, or in industrialized countries, are felt by the countries of the South. *“Solidarity is a right in the sense that it is necessary. It is most beautiful when actions are characterized by spontaneity, but if it is not spontaneous, solidarity must be imposed or forced.”*

Concerning the practices, tools, efforts, ideas, etc. that give hope that we can exist in a more united world, the participants note:

- International solidarity in crisis situations, although more needs to be done.
- Reinforcing the spirit of volunteerism based on real-life experiences.
- Solidarity seen as an alternative way of resolving inequalities.
- Ethical principle is becoming increasingly audible in debates on solidarity.
- Dynamic reflection on the effectiveness of development aid.
- Proliferation of NGOs and humanitarian associations, global awareness and the original vulnerability of the human species.



- Growing awareness of the need to monitor and evaluate the impact of solidarity.
- Inclusion of beneficiaries in the design, implementation and evolution of assistance.
- Equitable cooperation between stakeholders, with each party assuming its responsibilities.
- Development of communication tools on the roles and responsibilities of each party.
- Use of social networks encourages the sharing of information and makes actions visible.
- Global awareness that health, its challenges and crises are international, so health is global.
- Integrating public health programs and services.
- Federating contributions towards common goals (alignment).
- Aligning priorities with local needs.
- Setting up solidarity assessment tools, key indicators.

## Practical and conceptual considerations (continued)

### Presentation 6: The experience of a community solidarity approach in the fight against HIV/AIDS in Burkina Faso

*Martine SOMDA, President of the NGO REVS PLUS, Burkina Faso*



The presenter structured her talk around the stages and ingredients of effective solidarity in the REVS Plus NGO of which she is the Founding President in Burkina Faso. Martine Somda explained how this example of solidarity began with the knowledge of her own serological status, which transformed her involvement in the collective mobilization of people living with HIV, which includes a number of actions: awareness-raising, support for sufferers, accommodation for people living with HIV, etc. These actions allowed to develop solidarity between HIV-positive people in situations of exclusion, the creation of income-generating activities for patients, training of service providers by "Expert patients" and food support/psychosocial and legal accompaniment. These actions have fostered solidarity between patients, empowered HIV-positive people and given them a sense of belonging, visibility to the association, changed the general perception of PLHIV and accelerated attention to vulnerable populations. Ms. SOMDA noted that these results would not have been possible without the support and collaboration of the healthcare structures, the actions of religious, political and media.

Ms. Somda noted difficulties in the initial course of the organization's work, linked to increasing stigmatization/self-stigmatization, the high cost and inaccessibility of ARVs, the unavailability of healthcare staff, lack of respect for confidentiality, rejection and condemnation by religious/customary authorities, the absence of family solidarity and laws penalizing people living with HIV.

In addition to the many actions undertaken at local level, she emphasized the importance of **international collaboration: with technical and financial partners, and with other advocates**, to make screening and access to care more comprehensive for people living with HIV. These collaborations have led to the exemption of certain examinations, the opening of community counseling booths, and the availability and reduction in cost of ARVs and the availability of specialized consultations. Twinning with associations in the north of the country has led to major donations of drugs for opportunistic infections. **Organizational mobilization** has enabled her organization and others to set up a network of assets to enable the health system to begin the fight against HIV, with the involvement of international organizations such as UNAIDS and the Global Fund. Joining several international networks, including RAP+, IWC, facilitates a system of comprehensive care for people living with HIV, help in reconstituting couples/families, support for couples who do not share the same HIV status, and social and economic reintegration of people living with HIV.

In short, she stressed that family, community, national and international solidarity are all important in the fight against HIV in Africa.

### Presentation 7: The avatars of African solidarity

*Denis Ghislain Mbessa, Department of Philosophy University of Douala, Cameroon*

Denis Ghislain MBESSA, PhD Department of Philosophy University of Douala Cameroon, described the gap between solidarity practices in villages and cities. He suggested that Africa is losing values that enriched its cultural heritage, notably its legendary solidarity. Despite this situation, he argues one can still witness the survival and resilience of this community solidarity. The challenge he perceives is how to reconcile community solidarity with a capitalist, techno-dependent mentality, and above all, how to live in the city while preserving the most positive aspects of village community life.

He questions whether it is appropriate to compare so-called village solidarity practices with those in the city. MBESSA suggests, as a response, that African community solidarity might be conceptualized as having two avatars: solidarism (in the village); and digital solidarity (in the city). Key points made by Mbessa in defining these avatars included:

- That there are many manifestations of solidarity, and many false solidarities: it is therefore useful to speak of avatars of solidarity.
- Solidarity is dynamic.
- Village solidarity focuses on the rights of the community towards the individual and ignores the duties of the community towards the individual. It creates a culture of gratuitousness and promotes favoritism and tribalism. This solidarism deserves to be rejected, and raises the question: does this avatar engender poverty?

The final workshop discussion aims to establish the links between the reflections shared up to and the project's ultimate goal "solidarity" into which the workshop fits. Participants offered their thoughts on the following question: If funding organizations for global health research and projects volunteered to have their actions/partnerships/funding practices assessed by a "solidarity index", what items would they like to see included in this assessment?



On the question of items to be included in the evaluation of funding actions/partnerships/practices by a "**solidarity index**" of funding organizations for global health research and projects, the following ideas were proposed:

- Flexibility/adaptability of the project or action undertaken
- Success: matching action to final objective
- Monitoring and assessment
- Involvement and commitment of local implementation partners
- Effectiveness in achieving results
- Obstacles and constraints to implementation
- The target and area of intervention
- The quality of spending and the impact of financing
- An urgent response to solidarity
- Beneficiaries' level of autonomy in managing solidarity elements
- The problem to be solved: priority needs of the community or States
- Beneficiaries: the number, needs or requirements of beneficiaries are met
- The level of inclusion of countries in the process of drawing up strategic plans, considering the epidemiology of the country
- Transparent management in the form of accountability
- The declaration of conflicts and/or links of the nature of the assistance
- We need a budget line allocated to the country's priorities (at least 25%)

It was also noted that it will be important to distinguish between international solidarity, solidarity within States, community solidarity, solidarity within the family and individual solidarity. This

would enable us to differentiate between solidarity and other competing notions such as donation and development aid.

## Unresolved issues

The workshop's many debates and discussions raised several unresolved issues. These included:

- Is solidarity natural to human beings or not?
- Does solidarity have to be accompanied by special feelings? Does it always have to be "from the heart"?
- Does solidarity have to be disinterested to be true solidarity?
- Do we need one or more typologies of solidarity, to better facilitate analysis of what it produces in terms of impact and significance, for whom and when?
- Should true solidarity always bring more benefits to the groups in the relationship who enter with fewer resources? Is it solidarity if the more affluent group in a solidarity relationship emerges with greater social or economic benefits?
- Is solidarity a right or not? If so, should we force/demand it? Can we impose solidarity?
- Can we formalize solidarity (e.g. in institutions)?

## Appendix 1: Examples for the roundtable discussion

**Professor Mandy Kader CONDE:** "During the big Ebola epidemic in Guinea (2014-2016), at the beginning, there was a lot of fear, a lot of movement of populations, and a lot of uncertainty; consequently, we certainly didn't know how to manage such a big serious epidemic. Over time, enormous resources (human, material and financial) were deployed, without any convincing results. Indeed, at the outset, Guinea struggled to respond satisfactorily to the Ebola response (over 3 years, with roughly 3,814 cases, 2,544 deaths, a mortality rate of 67%, 1,270 survivors and 211 staff affected). I believe that this deadly epidemic was new both to us and to those bringing in resources. So, the big frustration for me personally, arose as I took part in the response against Ebola in Guinea. I had been lucky enough in the past to take part in numerous responses when I was a WHO official for 16 years, including the one against Ebola in Kikwit in 1995. Not to be immodest, but I joined the Ebola response in Guinea with some appreciable experience. But it quickly became apparent that the solidarity in the response was between those who came with the means, with the resources, and it was they who laid down the rules. In a way, they were the ones influencing, even dictating strategies to the national authorities, both political and technical, even though they didn't have much experience at the time. I remember we used to say to them, "But listen, although this is a dangerous and serious disease, to have an effective response and stop the spread of the epidemic, we need to increase the number of isolation and treatment centers at local level, as well as the mobility of populations. We can't take patients from Siguiiri to Conakry over 700-800 km". For me, solidarity means listening carefully to the various stakeholders. But the external partners, with their so-called knowledge, didn't have enough experience and didn't know the reality, because they had never managed an Ebola epidemic. But in the eyes of the political authorities and national colleagues, because they were the ones bringing in the resources, they were supposed to bring in the knowledge, the power, etc., they weren't willing to listen, the others, imbued with their authority and influences, but brought in and managed above all the resources. In the end, I resigned myself to the fact that we were not prophets. We weren't listened to or considered by our own authorities, who were strongly dominated by a post-colonial impulse to follow. And although these resources – this was the nerve of war - were the key to ensuring a valid response, they had to be guided by strategies based on evidence and solid experience. What struck me most was the way in which virus samples, important raw materials for research, were "looted", while the authorities were preoccupied with the response. Samples were taken in all directions, by those who knew the value of these materials. This was happening without a Memorandum of Understanding on the transfer of biological materials and data (MTA). And what were we left with? We were left with nothing. So, when you see that... you think: is that solidarity? Because when you take samples from an epidemic, you can do a lot with them. You can work to make diagnostics, drugs and therapeutic products, you can also work to make vaccines, and many other things. And what were we left with? We were left with nothing. A lot of samples were sent all over the world, but we didn't know how many, what our rights were or what our responsibilities were. We were cited in scientific publications, but what about the intellectual property rights to the products of this research? So, it gave me a lot to think about, and to realize that solidarity should not be a one-way street, it should be a two-way street. And it also made me think about the terminology of "official development assistance", with the Paris Declaration explaining the generosity we must give. But aid is when you don't have the means, when you need help. During the Ebola epidemic, Guinea made a significant contribution to the scientific community, as, among other things, the first vaccine was tested in Phase 3 in Guinea. This was a major contribution to the

licensing of the first Ebola vaccine, which was recognized in scientific publications and at the International Workshop on African Access to Vaccines like Ebola (Conakry November 26-27, 2015). Here, also, the authorities celebrated foreigners more and gave little recognition to national scientists. So, when I saw the word solidarity, I wondered: is this a new disguised form of aid, coming again or what? Because solidarity also encompasses a certain number of values, resources and commitments to adhere to. I give; I'm in solidarity with those who don't have. So that is another dynamic that we have to be really careful about. For me, solidarity should not be limited to supporting and helping those who don't have the means. We need to move towards equitable cooperation, give and take, where each party contributes and benefits equally from the products of research or activities undertaken. Beyond the sectoral approach, solidarity and global health, we need to change our paradigm, to make our leaders more responsible, with a view to promoting integrated sustainable development through the rational and equitable exploitation of our wealth and decision-making on how it is used, for the benefit of our populations.

**Dr Boubacar BALDE:** During the Ebola epidemic in 2014-2016, the Red Cross, in its support to the Ministry of Health, was much in demand for the management of the dead. There were many deaths and reluctance in the community to accept that their dead be wrapped in body bags because Guinea is a secular country with over 90% Muslims. For them, a body wrapped in a body bag was destined for hell. At the Red Cross, we learned from this situation and organized training courses for community body washerwomen. We got them involved, trained and equipped. And from then on, when there was a death in the community, when we came, we got the community involved. For us, it was solidarity with the community. We got them involved in management, and as a result, they were edified and understood how management was done from start to finish. And that really enabled us to dispel tensions within the community and mitigate resistance and distrust".

**Professor Safiatou NIARE DOUMBO:** My way of looking at solidarity, or my perception of it, is about sharing love, reducing the suffering of the community, but also giving the community confidence. There are many examples to cite, but I will just give one example that prompted my husband and I to get involved in health solidarity. One day, we made a trip to his native village where there were no health facilities, only small health huts far from the villages because not everyone had access to them. We arrived at night and found a woman in labor, in total labor dystocia with a very high fever, in a remote hut. So, when we arrived, we went round the neighboring houses. Knowing that we are a couple of doctors, they came to us to talk about this woman in pain. We went to look and found this lady in total dystocia. I arrived as a woman in early pregnancy and said this woman must be out of it. We quickly rushed to extract the fetus because it had been stillborn for three days. We did the lavage and everything else that was necessary. The woman was put on antibiotics and antimalarials. We had to extend our stay because of this woman. So, after we had done that, the 2 of us sat down and thought about what we could do for this population who had only one intellectual (my husband) and the one who had become a doctor. So, we put together a group of people who had an undergraduate or postgraduate degree and who spoke a little French, to get ideas on how they could train to become health workers to take care of their community. That is how we set up a health structure and provided the community's first pharmacy out of our own pocket. We trained 2 nurses, a traditional birth attendant and a matron. So, it is these 4 persons who have served as the basic staff and who have looked after the population up to now, it is suffering but it is holding up because every time we have the means we send, so we make a little fund recovery, and we send. There was no schooling,

the children were abandoned. We decided to set up a school, because we felt that the presence of a school could increase the community's level of health. That is how we came up with the school we call *creation*. With just one class at the start, after the 2nd and 3rd grades and right up to the present day. Some of them have now finished university and are working. So, this is just one of our experiences in the field of health solidarity.

**Maxime LUNGA:** When I fell ill with tuberculosis in 2000, my family abandoned me. And that gives you ideas... when you have no support behind you, when nobody visits you, when you feel rejected, you wonder if life is still worth anything. When I wasn't ill, I had money and I organized parties with lots of people, people surrounded me all the time. When I got sick with tuberculosis, people stopped coming around me, everyone avoided me, even my family members.

Fortunately, there was one person who showed solidarity. So, for me, solidarity is the love we have for our fellow man. When I was ill, I was already married with children. As a young man in 2000, I said to myself that the family has left, so the wife will leave too, because she is not going to become a widow at her young age. You can understand that if I am alive today, it is thanks to her, because so many people commit suicide in these conditions. Solidarity can bring someone back from death to life. And my wife... it was a week after our customary wedding that I was diagnosed with tuberculosis. Imagine a wife a week after the wedding with a the guy devolves moribund with tuberculosis. My in-laws said to their daughter, "We are in trouble now, just after the wedding we have got this..." There was talk of separating the utensils and sleeping separately (it is for your own good and the children's). My wife replied that there was no question of separating, we are not abandoning you, we sleep together, we eat together and when you finish eating I wash the plates, I can't see you apart, you are going to get better. She supported me. And after two months of treatment, I started doing what she did, supporting and accompanying people with tuberculosis, something I've been doing since 2000 to this day. She inspired me.

## Appendix 2: List of participants and contributors to the report

**Caesar Atuire**, Philosopher / Project Manager, University of Ghana, Ghana  
**Oumou Younoussa Bah-Sow**, President of the Comité National d'Éthique pour la Recherche en Santé de Guinée, Guinea  
**Rouguy Diao Balde**, Francophone women leaders, Global Fund  
**Kadiatou Bhodjé Baldé**, President, REGAP+, Guinea  
**Mamadou Mouminy Barry**, Université Laval (Rapporteur), Canada  
**Mamadou Bano Barry**, Socio-Anthropologist, Université Général Lansana Conté de Sonfonia, Guinea  
**Saidou Pathé Barry**, Mayor of the rural commune of Bantiguel, Guinea  
**Boubacar Baldé**, Guinean Red Cross, Guinea  
**Maurice Bourouma Camara**, Lansana Conté Sonfonia University, Guinea  
**Imene Chérif**, Regional Program Manager: Economic Policies for Social Justice-MENA Region, Friedrich-Ebert-Stiftung, Tunisia  
**Iya Saidou Condé**, Bill & Melinda Gates Foundation (BMGF), Guinea  
**Alimou Diallo**, REGA Plus, Guinea  
**Alpha Amadou Diallo**, Ministry of Health and Public Hygiene/National Health Research Ethics Committee (CNERS), Guinea  
**Mohamed Lamine Diallo**, General Secretariat for Religious Affairs, Guinea  
**Mohamed Lamine Dioubaté**, Scientific Director, Laboratoire Socioanthropologique de Guinée (LASAG), Université-UGLC-Sonfonia, Guinea  
**Priscilla Kasongo**, Social Communication, University of Kinshasa, DRC  
**Mandy Kader Kondé**, Clinical Research/ SEFORPAG, Guinea  
**Frédéric Le Marcis**, Triangle UMR 5206 ENS de Lyon / TransVIHMI UMI 233, IRD ; Centre de Recherche et de Formation en Infectiologie de Guinée (CERFIG)  
**Maxime Lunga Nsumbu**, National Secretary of Club des Amis Damien-CAD, DRC  
**Denis Ghislain Mbessa**, Philosopher, University of Douala, Cameroon  
**Safiatou Niaré**, Teacher-Researcher, University of Science, Technology and Engineering of Bamako (USTTB), Mali  
**Elysée Nouvet**, Anthropologist / Project Manager, Western University, Canada  
**Ramatoulaye Sall**, Public health/ women's health/ international consultant, Senegal  
**Martine Somda**, President NGO REVS PLUS, Burkina Faso  
**Ousmane Souaré**, Vice president of the Comité National d'Éthique pour la Recherche en Santé (CNERS), Guinea  
**Morciré Soumah**, Member of the Comité National d'Éthique pour la Recherche en Santé (CNERS), Guinea  
**N'nah Djénab Sylla**, Administrative Assistant to the National Health Research Ethics Committee (CNERS), Guinea  
**Elias Weiss**, Political Science, University of Vienna, Austria