



Moving Beyond
Solidarity Rhetoric
in Global Health

Quarterly Newsletter | Jul - Sept 2026

MAKING SOLIDARITY ACTIONABLE: REFINING THE 3-3-3 FRAMEWORK FOR GLOBAL HEALTH PRACTICE

A WORD FROM THE PROJECT LEAD

Dear Friends and Colleagues,

Greetings!

In global health, we speak often about solidarity. Yet there is far less agreement on what it requires, from whom, at what cost, and of the institutions we create and sustain.

The need has rarely been more pressing. Climate-related health threats, antimicrobial resistance, and outbreaks such as COVID-19, mpox and Ebola demand collaboration across communities, countries and institutions. Yet these challenges are unfolding at a time when global health relationships are becoming increasingly transactional, collective action is giving way to competing national priorities, and investment is declining.



In this context, simply invoking solidarity is not enough. We need to ask what it actually requires in practice. How should resources and responsibilities be shared? Whose knowledge counts? And what would change if solidarity genuinely shaped the way global health is governed, financed and organised?

The ongoing Ebola outbreak in the Democratic Republic of the Congo brings these questions into focus. Across affected communities, volunteers are helping families recognise symptoms and report suspected cases; local and religious leaders are addressing fear and misinformation; and survivors are drawing on their experiences to encourage others to seek care. These efforts remind us that communities are not merely recipients of expertise and assistance. They possess knowledge, relationships and capacities that are essential to an effective response.

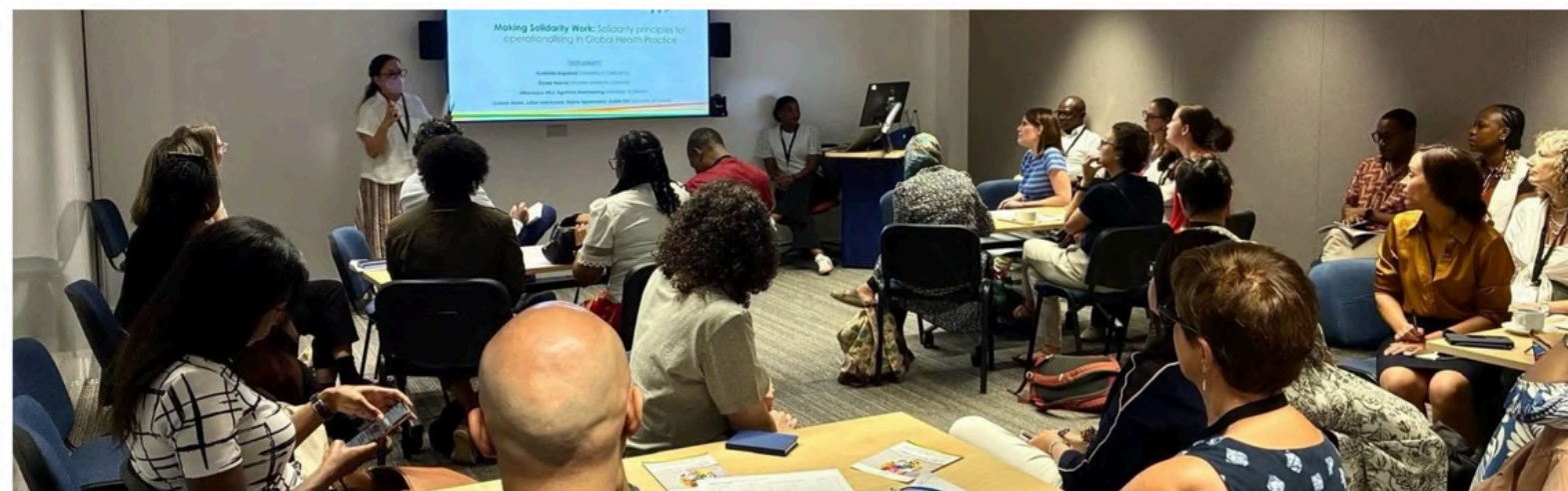
But we must also be careful about what we ask of communities. **Local solidarity cannot become a substitute for wider institutional and international responsibility.** Recognising what communities do must go hand in hand with asking what institutions owe in return. Are they listening to local knowledge? Sharing resources and authority? Strengthening existing capacities and remaining accountable to the communities with whom they work? These are precisely the kinds of questions the **3-3-3 Solidarity Framework** is intended to help us ask and act upon.

In this edition, we take you to the conversations where we are putting this framework to the test. Experts, practitioners, academics and communities are challenging us to think more carefully about what accountability, trust, emancipation, and the redistribution of power and resources require in practice. Their insights are helping us refine the framework as we work towards making solidarity more actionable across the global health ecosystem. We invite you to explore these questions and join the conversation about what solidarity requires in practice.

With gratitude and respect,

Prof. Caesar Alimsinya Atuire

Project Lead, Moving Beyond Solidarity Rhetoric in Global Health (GH-Solidarity Project)



Putting the 3-3-3 Draft Framework on Solidarity to the Test: Expert Dialogues and Regional Reflections

How can the draft articles for Embedding Solidarity in the Global Health Ecosystem help global health actors navigate difficult questions of power, resources and responsibility?

To explore this question, the Global Health Solidarity Project is convening a series of expert and regional feedback forums designed to test and refine the draft articles (formerly principles). These conversations help identify areas for clarification and ensure that the framework remains grounded in the realities of global health practice.

On July 16th 2026, the project convened a participatory workshop at the Oxford Global Health and Bioethics International Conference (ETHOX) 2026. Through presentations and small-group discussions, bioethicists, researchers and practitioners explored how the articles might guide real-world decision-making. The ETHOX workshop was the second expert consultation informing the ongoing development of the solidarity framework. Together with regional dialogues and future expert engagements, these conversations will help ensure that the final framework is both practically relevant and responsive to diverse global health contexts.

We thank all those who contributed their experience, questions and critical insights to the discussion.

[Read the Draft Principles on Pg 15 here](#)

[Watch the Draft Principles Explained](#)



Moving Beyond
Solidarity Rhetoric
in Global Health



**FEEDBACK
WEBINAR**

Refining the Solidarity Principles Together: The Pacific, South Asia & Mesoamerica Regions



Regional Reflections on the 3-3-3 Solidarity Framework

As part of the ongoing refinement of the draft articles for Embedding Solidarity in the Global Health Ecosystem, the Global Health Solidarity Project convened regional feedback webinars with participants from the Pacific, South Asia and Mesoamerica. These were the second and third consultations in a four-part regional feedback series, providing opportunities for participants to reflect on and further strengthen the draft principles.

Across both webinars, participants affirmed that the framework is timely. They also stressed that their value will depend on whether they can move solidarity beyond rhetoric and guide meaningful changes in global health practice.

Highlights from Pacific and South Asia Feedback Webinar

The webinar brought together [Langi Kepu-Kosene-Apiata](#) and [Dr. Krushil Watene](#) from Aotearoa New Zealand and the Pacific, alongside [Prof. Sundararaman Thiagarajan](#) and [Dr. Anant Bhan](#) from India and South Asia.

Participants emphasised that communities most affected by health challenges must have genuine influence over decisions and greater control over resources. They highlighted community leadership as essential to ensuring that solidarity advances justice and equity rather than reproducing existing power imbalances.

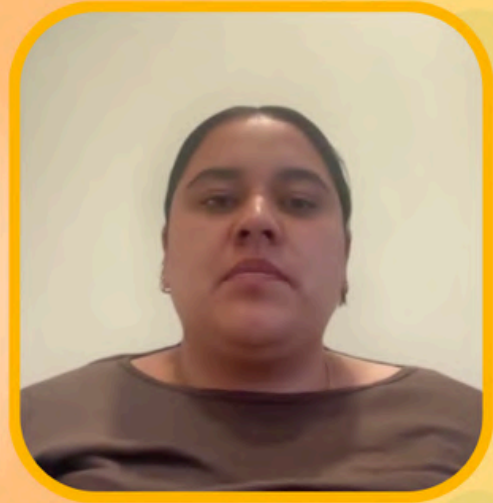


“Communities have found ways of survival, and solidarity is often an operational way of survival. There needs to be co-production of knowledge that recognises lived experience, historical oppression, and the central role of communities.”

- Dr. Anant Bhan
Researcher and Practitioner, Principal Investigator of
the Bhopal Hub at Sangath, India

“Solidarity could mean creating space for Indigenous and local knowledge systems to lead and shape their own approaches. The next step is showing what solidarity looks like in practice so that it can be seen, experienced, measured, and used to hold people accountable.

- Langi Kepu-Kosene-Apiata
New Zealand Registered Nurse, Researcher and Clinical
Leader with Iwi United Engaged Ltd



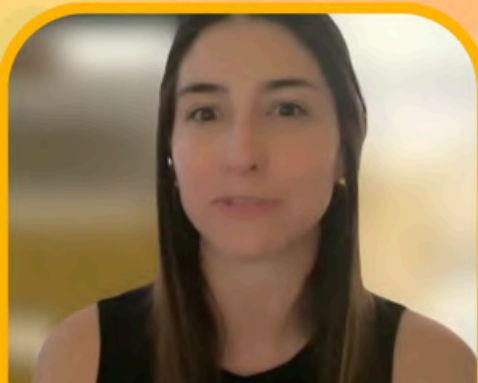
[Read the Pacific & South Asia Story](#)

[Watch the Pacific & South Asia Webinar](#)

Highlights from Mesoamerica Feedback Webinar

The webinar featured [Dr. Jean Carlo Segura Aparicio, Carolina Bolaños, M. Sc.](#) and [Dr. María Luisa Ávila](#) from Costa Rica, bringing perspectives rooted in the region.

Participants highlighted the need to move beyond charity and short-term interventions towards more enduring and equitable relationships. They proposed using the framework to ask critical questions: Who defines the problem? Whose knowledge counts? Who controls the resources, and who benefits from the decisions made? They also stressed that solidarity requires time to build relationships, sustain commitments beyond individual projects and emergencies, and create the conditions for lasting transformation.



“If equity is one of the outcomes we seek, then solidarity tells us something about how we relate to one another in order to get there. Solidarity is not simply an individual value or behavior, but something we intentionally build within the

ecosystems where global health is practiced.

- Carolina Bolaños M. Sc
Program Director at Child Family Health International
(CFHI)

“

Solidarity requires us to recognise that what another person contributes has the same value as what I contribute, and that horizontal participation is what ultimately leads to emancipation.

- Dr. Jean Carlo Segura Aparicio
Physician and Adjunct Professor at the University of Costa Rica and the University of Toronto



[Read the Mesoamerica Story](#)

[Watch the Mesoamerica Webinar](#)

LATEST PUBLICATIONS

Advancing the Conversation on Solidarity

This section highlights recent publications on solidarity emerging from our work and collaborations around the globe.

Comment

<https://doi.org/10.1038/s44360-026-00191>

Solidarity is essential in a more transactional global health era

Caesar Atuire, Dijana Spasenoska, Julian Natukunda, Zaida Orth, Ashish Giri, Athanasius Afful, Simisola Akintola, Donna Andrews, Gabriela Arguedas Ramirez, Agathine Asamoaning, Primus Che Chi, Jantina de Vries, Hannah Healey, Unni Karunakara, Peter Kilroy, Petronell Kruger, Nchangwi Munung, Mary Ndu, Alice Norton, Elysee Nouvet, Ntobeko A. B. Ntusi, Barbara Prainsack, Bridget Pratt, Salome Wawire & Katharine Wright

Check for updates

As geopolitical interests increasingly shape global health funding and partnerships, there is a growing need to build solidarity in guiding how resources are shared, decisions are made and health equity is advanced.

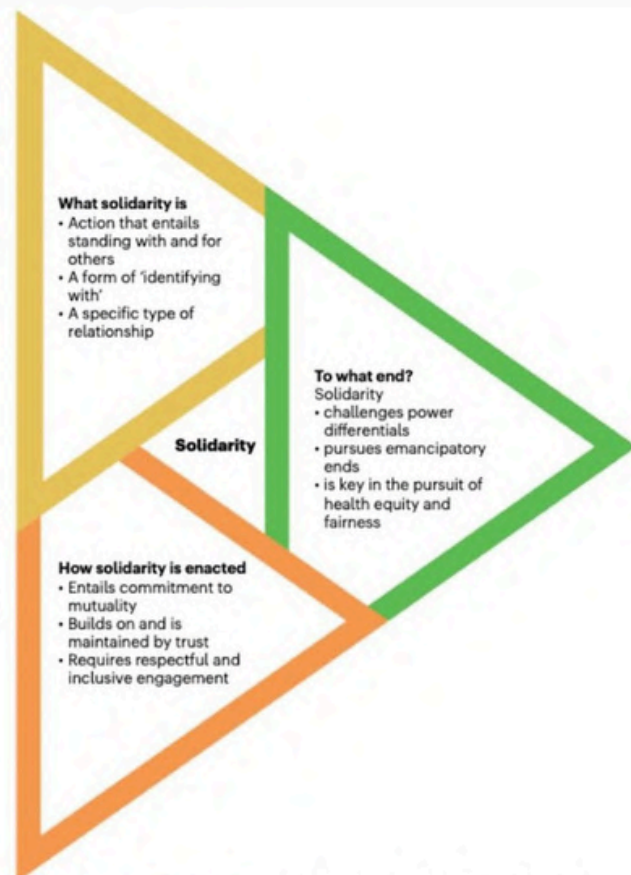


Fig. 1 | A 3–3 framework for solidarity in global health. The nine articles are intentionally relational. They articulate distinct but inseparable dimensions of solidarity. Each article should be interpreted in the light of the others, as part of an integrated normative framework rather than as an independent or self-sufficient statement.

In this latest publication, Prof. Caesar Atuire and colleagues discuss how “**Solidarity is Essential in a More Transactional Global Health Era.**”

The paper introduces the project's 3-3-3 framework and argues that solidarity is essential to advancing equity, fairness and justice as global health becomes increasingly shaped by geopolitical interests and transactional relationships. It calls for solidarity to influence not only how resources are shared, but also how decisions are made, responsibilities are distributed and institutions are held accountable.

[Read the Paper](#)

Public Humanities (2026), 2, e112, 1–20
doi:[10.1017/pub.2026.10192](https://doi.org/10.1017/pub.2026.10192)



CASE STUDY

Beyond Human Solidarity: A World of Interconnected Beings

Ashish Giri^{1,2} , Caesar Alimsinya Atuire³, Elysee Nouvet⁴ and Barbara Prainsack⁵ 

The authors discuss how solidarity extends beyond relationships among humans. Drawing on research with a Himalayan community, they examine how human health and well-being are intertwined with animals, ecosystems and the wider living world.

This is the second paper emerging from the project's [Global Health Solidarity Special Issue](#), with further papers to be published on a rolling basis.

[Read the Paper](#)

Analysis

BMJ Global Health

Demanding solidarity, not salvation: sex work and global health

Marlise Linda Richter ,^{1,2} M H Ditmore ,³ Jantina de Vries ¹

This paper challenges paternalistic approaches that treat sex workers as people to be rescued rather than as rights holders with knowledge, agency and political voice. Authors call for global health relationships grounded in participation, accountability and solidarity.

[Read the Paper](#)

WATCH THE LATEST VIDEOS

OPEN FORUM
Rebuilding Global Health on
Solidarity Principles.

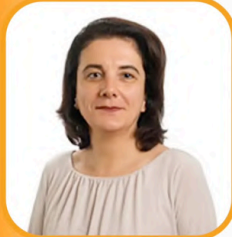


SPEAKER
PROF. MADHUKAR PAI
Chair, Department of Global and Public Health,
McGill School of Population and Global Health,
Canada

Prof. Madhukar Pai examines the widening gap between the language and practice of solidarity in global health, while reminding us that transformative change remains possible even during periods of profound crisis.

[Watch here](#)

OPEN FORUM
Rebuilding Global Health on
Solidarity Principles.



SPEAKER
MICHELLE CHILDS
Policy Advocacy Director, Drugs for Neglected
Diseases initiative (DNDi)

Drawing on DNDi's not-for-profit research and development model, Michelle Childs explores how solidarity can be put into practice through equitable partnerships, shared knowledge and sustained accountability.

[Watch here](#)

ANNOUNCEMENTS AND EVENTS

COMING SOON...



FEEDBACK WEBINAR



Thursday, 19th November, 2026



**12:00 GMT | 13:00 WAT/CET |
14:00 CAT | 15:00 EAT | 07:00 EST**



Moving Beyond
Solidarity Rhetoric
in Global Health

English
Translation
Available

Refining the Solidarity Principles Together: Francophone Feedback Webinar

*Join this regional dialogue to reflect on the
draft principles of solidarity, share your
perspectives, and explore how they can be
strengthened and put into practice.*



Our final Regional Feedback Webinar will focus on **Francophone Africa**, continuing the process of refining the draft Solidarity Principles with the communities and contributors who helped shape this work. The session will explore how the principles resonate across Francophone African contexts, what may need to be strengthened, and how solidarity can be embedded in the structures, decisions and practices that shape the global health ecosystem.

Join us on **Thursday, 19th November 2026** at **07:00 EST | 12:00 GMT | 13:00 WAT/CET | 14:00 CAT | 15:00 EAT**

Registration details will be shared soon.

OUR PARTNERS



UNIVERSITY OF GHANA

University of
Ghana



ACU
AUSTRALIAN CATHOLIC UNIVERSITY

Australian Catholic
University



University of Cape
Town



University of
Vienna



Western
UNIVERSITY - CANADA

Western University
Canada



University of
Oxford

FOLLOW US



Email

globalhealthsolidarity@ug.edu.gh



LinkedIn

[Global Health Solidarity Project](#)



Bluesky Social

[@gh-solidarity](#)



Facebook

[Global Health Solidarity Network](#)



Instagram

[@official_ghsn](#)



YouTube

[@globalhealthsolidarity](#)

JOIN THE GLOBAL HEALTH
SOLIDARITY NETWORK



THANK YOU!