



# SOLIDARITY AND GLOBAL HEALTH: PERSPECTIVES FROM FRANCOPHONE AFRICA



## Summary of the African Francophone Regional Workshop: Conakry, Guinea, 18-19 March 2024

### Background

The aim of the *Global Health Solidarity* project is to shift understandings and practice of solidarity in global health so that solidarity can play an even more active role in increasing equity and justice. The African francophone regional workshop held in Conakry was the second of five regional workshops to be held, in different languages and parts of the world, to reflect on what may be learned from community practices that share some of the features of solidarity, although they may not be described as such.

Following the example of the first workshop ([the African anglophone regional workshop](#)), the Conakry workshop took the form of an opening 'tour de table' enabling all attendees to share their own experiences and concepts of solidarity, and then a series of themed presentations and discussions. All five workshops will inform the development of a set of core goals that the practice of solidarity in global health entails.

This summary highlights key messages and emerging themes from the Conakry workshop; a more detailed [workshop report](#) is available on the project website.

### Key messages

In literature from francophone Africa, solidarity is primarily associated with community or family practices of mutual care and support, often informed by religious beliefs. Many of the examples of solidarity shared at the workshop by participants followed this pattern, including:



**Giving or receiving moral, psychological, material or financial support at difficult times**, including care and support during serious illness in contrast to rejection by others, and action within the community, cleaning up and rebuilding after an earthquake;




**Sharing love and expressing commitment** – for example through listening attentively, and accepting people as they are; and




**Collective action**, such as the collective mobilisation of people with HIV, involving the training of service providers by expert patients, the creation of income-generation activities, and practical, financial and social support for people with HIV.


However, participants also drew on their experiences in the **Ebola outbreak in Guinea** (2014–2016) and the **COVID-19** pandemic, primarily **as examples** where solidarity was notably absent or where claims of solidaristic action were accompanied by problematic behaviours. These included:



International organisations “dictating strategies” in response to the Ebola outbreak in Guinea, disregarding local knowledge and effective response experience;



The “looting” of Ebola virus samples for use abroad (“we were left with nothing”);



The failure of the COVAX mechanism to deliver vaccines in a timely, equitable way.

Cited exceptions to perceived solidarity failures included a description of the Red Cross working closely “in solidarity with the community” to support body washerwomen to prepare the bodies of those who had died from Ebola for burial in ways that were both safe and culturally appropriate.



Participants engage in open and group discussions on solidarity during the workshop

## Important features of solidarity identified in response to the ‘tour de table’ and presentations included:

- ★ **Feelings towards others (love, empathy, humanity) that prompt action.** For many participants, solidarity was an expression of “good human behaviour” – a moral (and religious) requirement. For others, it was an expression of joy: intense happiness found in voluntary commitment to helping others.
- ★ **The foundation of solidarity on interdependence** – which may be linked in turn to fears about self-preservation. Solidarity was seen as important in the fight against precarity and vulnerability.
- ★ **Recognition that solidarity is “a two-way street”**, premised on mutual understanding and respect, including acknowledgment of the contribution of others (avoiding simple dichotomies between ‘givers’ and ‘receivers’).
- ★ **Responsiveness** including timeliness: “Making those with urgent needs wait is not solidarity”.

It was also noted how social norms based on solidarity can be anti-social: citing, for example, the ways in which these can produce expectations of unconditional support that feel exploitative or oppressive, and may limit local or national development. These concerns raised further questions including whether the burdens inherent in solidarity should fall on the state rather than on individuals, and how solidarity should take account of gender.

## Questions and challenges to explore further 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?
- ? What is the relationship between solidarity and benefit? 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, can it be demanded or imposed?
- ? Can solidarity be formalised – for example through institutions?
- ? Can the state itself express solidarity given it has obligations towards its citizens that it must fulfil? Or is state action better understood as citizens expressing solidarity through the state?

## Applications for global health

Concerns were expressed that most of the impact of current acts of so-called solidarity in global health had been negative; they had been based on others' priorities and had led to poor or inappropriate targeting of needs. It was argued that:

- Solidarity must be based on mutual recognition of the contexts** in which we evolve – recognising the economic, historical and social issues that define those contexts and that structure our relationships.
- Clear distinctions** need to be articulated between **solidarity and generosity, charity, mutual aid and assistance.**
- International solidarity must be based on true partnership.** This entails a relationship that prioritises equity: where there is respect shown by 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. "Real" solidarity is characterised by the quality of the relationships involved.
- Solidarity implies patience and **may require time to understand the needs of others and to establish those relationships of trust.**



### Reference:

Nouvet, E, Barry, MM, Bah-Sow, OY, et.al. (2024). Solidarity and global health - perspectives from francophone Africa. Conakry, Guinea: National Health Research Ethics Committee of Guinea/ Comité National d'Ethique en Recherche de la Santé de la Guinée.



Moving Beyond  
Solidarity Rhetoric  
in Global Health

### CONTACT US:

Email: [globalhealthsolidarity@ug.edu.gh](mailto:globalhealthsolidarity@ug.edu.gh)

Website: [www.globalhealthsolidarity.org](http://www.globalhealthsolidarity.org)



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