



SOLIDARITY IN GLOBAL HEALTH: PERSPECTIVES FROM INDIA AND NEPAL



Summary of the South East Asia Regional Workshop: New Delhi 22–23 September 2025

Background

The aim of the **Global Health Solidarity** project is to enrich current understandings of the concept of 'solidarity', in order to develop tools that will help support increased practice of solidarity in global health in the future. The South East Asia Regional Workshop was the fifth in a series of five regional workshops that have been held, in different languages and different parts of the world, to surface different meanings of solidarity and its practice. This summary highlights key messages and emerging themes from the workshop, with a more detailed workshop report available on the project website.

Encounters and experiences of solidarity in everyday life

Core features of solidaristic practices shared during the workshop included:

- ★ Being part of a **community ethic of mutual support for others**, that transcends normal divisions – shown in routine reciprocal exchange of manual labour or in response to crisis or special needs, for example at times of birth, death or house-building.
- ★ Finding a **'community of nurture'** that steps up to provide emotional and practical support – as evidenced, for example, in queer community organisations supporting LGBTQ+ youth who are often isolated and stigmatised.
- ★ Seeking and **receiving support from others when fighting for justice**, including reaching out at national or international level where power differentials mean that mutual support at community level cannot alone solve a problem.
- ★ Being **the voice of your community** – for example speaking up on behalf of the scavenger community and against dehumanisation.
- ★ Helping **create an empowered space** for others to act, without setting conditions, or usurping the voices of those who are experiencing discrimination or disadvantage.

This summary was compiled by **Katharine Wright**, with input from **Ashish Giri** (India sub-continent), **Dr. Julian Natukunda** (*University of Oxford*) and **Prof. Caesar Atuire** (*University of Ghana and University of Oxford*). The views expressed here reflect the discussions and contributions of stakeholders who participated in the South East Asia regional workshop and should not be attributed to the Global Health Solidarity project or its funders.

“It’s not that we don’t have social economic or caste-based differences in my village – but there is something that binds us together.”

Key considerations associated with solidarity understandings/experiences

Workshop participants identified a number of key considerations (observations, challenges and concerns) associated with these experiences and understandings of solidarity. These included:

- **The importance of shared goals:** solidarity should not simply be equated with individual acts of kindness. It requires a shared orientation towards justice.
- **The difficulty of sustaining solidarity over time:** maintaining solidaristic commitments in everyday life, outside periods of obvious crisis, remains a challenge.
- **The importance of inclusion:** solidarity demands actively resisting the instinct to exclude and choosing instead to ‘walk together’ across differences of caste, religion, and ethnicity.
- **The significance of physical presence:** many solidaristic practices rely on physical presence and shared space, a foundation increasingly undermined as people move from villages to cities.
- **The risk of reinforcing power structures:** structures of solidarity can themselves become repressive, enforcing conformity or protecting the status quo, particularly where community practices reflect patriarchal norms.
- **The tensions between social power (traditions) and legal protections:** in some contexts, deeply embedded social traditions or community authority can in practice override formal legal protections, in ways that undermine solidarity.

Applications for global health

Challenges in operationalising solidarity

In exploring the challenges encountered in seeking to achieve solidarity in health practices (encompassing policy, practice, and research), workshop participants highlighted:

- The importance of framing health and healthcare as **global public goods**, thus challenging transactional and market-driven notions of healthcare that undermine solidarity in health.
- The need to ensure that those who exercise solidarity in their own work, such as ASHAs and Sahiyas (community health workers) are **not exploited** and receive the support they need – for example by **strengthening the networks, structures and systems** that enable solidarity.
- The **tension between the role of the state** (and of others with power such as funding bodies and philanthropic organisations) and **the role of grassroots solidarity** – and the importance of **decisions being made at grassroots level** if solidarity is not to be lost.
- The role played by **creating coalitions, bringing people together and breaking down barriers** in making solidarity manifest in global health.
- The need to recognise how **solidarity in global health can only happen in a decentralised way** – using science, for example, to support effective local practices, rather than automatically importing practices from outside ‘experts’.
- Recognition of how solidarity **provides a sense of direction for where we want to go**, even if it may not be directly compatible with working within current systems.
- The need for people inside the current system to **help challenge injustices embedded in routine practices** – whether by directly calling out practices that undermine solidarity, or by being creative in operating within existing rules.

Implications for global health partnerships



Key issues to be addressed if solidarity in global health partnerships is to be meaningful were identified as:

- The need to identify **who the 'partners' and the beneficiaries are** in any partnership, how all stakeholders (including donors) perceive their roles, and the **power relationships** between all involved.
- Clarity as to the **goal and objective of any solidaristic action** – whether it extends beyond the relief of immediate suffering to tackling root causes, and agreement as to **who is involved in identifying the nature of those root causes**.
- The need for **shared conceptual understandings** both as to what is included within 'global health' and what solidarity entails.

Embedding solidarity in systems and structures

Practical proposals for building solidarity into institutional architectures, funding mechanisms and governance structures, rather than relying on goodwill, included:

- 1 Ensuring that **communities are meaningfully involved** in research projects and practice initiatives from the very beginning, thus enabling the 'insider view' to be embedded and transformative.
- 2 Promoting **parity of respect** for lived experience and scientific knowledge.
- 3 **Allowing for flexibility** in systems – recognising that goals cannot always be precisely determined in advance, and local context will always be important in how aims are achieved.
- 4 Focusing on **system-building**, rather than just immediate relief.
- 5 Providing **'training for governance'** to enable those directly affected by the planned policy or research to access the skills and knowledge needed to become active and equal partners.
- 6 Creating spaces for **more reflective interactions** and **engaging actively with different and conflicting views** – recognising that opposing perspectives cannot simply be ignored.
- 7 Promoting the **role of smaller low-income countries** in regional bodies.
- 8 **Taking inspiration from the powerful solidarity movements** that have been seen in recent years – it can be done.

“You don't realise the value of collectiveness in this – the people who come and build together are putting pressure on the system to evolve ... If communities can come together, there is no way they can be suppressed.”



Reference:

Solidarity in Global Health: Perspectives from India and Nepal – South Asia Regional Workshop. September 2025, New Delhi, India.



Moving Beyond
Solidarity Rhetoric
in Global Health

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