DEVELOPMENT EDUCATION AND HEALTH

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This issue of *Policy and Practice* focuses on the theme of 'Development Education and Health'. Right now, many of us are distracted by the terrible war in Ukraine, which continues to cause death and destruction, outrage and despair. However, it is especially important that the rest of the world is not forgotten, that we continue to bear witness to global health inequities and climate change: these topics are at the heart of this issue. This edition is about development education and health, but the articles and opinion pieces within, go beyond the traditional notion of what these sectors represent. One could argue that one of the themes that emerges in this volume is the 'going beyond', that being holistic, inclusive, and interdependent is part of what this issue is all about.

This volume's Focus article brings a timely focus on planetary health, as the Intergovernmental Panel on Climate Change once again raises the alarm about our unsustainable use of the earth's resources (IPCC, 2022). There are several Perspectives pieces that highlight health inequities, especially in relation to the COVID-19 pandemic, which explore how the virus has both caused and exposed global health inequalities. References to the world's colonial past and the need for the decolonisation of global healthcare (Erondu et al., 2020) and other global systems are everywhere in this volume, upholding this journal's tradition of critically reflecting on global development practice, discussing challenges and debating new policy developments.

The themes that emerge in one article pop up in the next, reinforcing or questioning key points. The transcript of the interview with Marya and Patel, authors of *Inflamed: Deep Medicine and the Anatomy of Injustice* (2021) highlights their conceptualisation of the relationship between the body and the planet, food and medicine, injustice and colonialisation. It emphasises the interconnectedness between planetary health and human health, which is

exactly what Sadhbh Lee and colleagues advocate bringing into sharper focus in the curriculum of Irish medical schools:

> "Indeed, increased morbidity and mortality attributable to climate change is already being documented in Europe and across the world due to cardiovascular, respiratory and infectious disease, injury and mental health effects amongst others (Romanello et al., 2021). Effectively preparing medical students for a career in treating patients, necessitates a comprehensive understanding of the intricate relationship between the health of a person and their environment" (Lee et al).

Lee et al.'s article offers hope: it provides an overview of how two likeminded groups, Irish Doctors for the Environment and the Climate and Health in Medical Education (CHIME) network, set about introducing planetary health teaching into Irish medical schools: 'Effectively preparing medical students for a career in treating patients, necessitates a comprehensive understanding of the intricate relationship between the health of a person and their environment'. This article provides evidence of climate change awareness and greater demand for engagement on this topic from medics and medical students the world over. The practical approach to curriculum development and a commitment to 'meeting universities where they already are striving to incorporate sustainability into the existing curriculum, in order to overcome the barrier of the perceived burden of adding extra content' shows that the authors, and the drivers behind the two organisations, are patient, and tactical, but also committed and determined to make it happen.

The piece by Broadis and Dwyer similarly delivers optimism by sharing an inspiring story of their Active Global Citizens work, emphasising 'the transformative education approaches of global citizenship education' which encouraged local active global citizenship within NHS Scotland. It is especially interesting to see that the programme, delivered by a partnership, was determined to 'challenge the notion of global citizenship as purely volunteering overseas, to demonstrate that NHS Scotland staff can also be

global citizens at home'. This is not only welcome and refreshing, but it is great to learn that during the global pandemic, this group of engaged citizens did everything to promote:

> "the connections between day-to-day decisions and the potential impact these choices might have on people with low or limited access to resources, encouraging health care workers to consider their choices and actions within the workplace and positively influence local work and environmental policies for the good for all people, whilst protecting the planet".

Two contributions in this issue cover the ongoing COVID-19 pandemic, both Geiger and Conlan and McCarthy Flynn's Perspective pieces, deal with the issue of vaccine inequality. The first two draw attention to scandalous vaccine access inequities while also emphasising possible solutions; two intellectual property rights sharing mechanisms (TRIPS and C-TAP) and the vaccine donation facility COVAX. They explain how all of these mechanisms are flawed. The challenges with all three are rooted in the dependence on the largesse of countries and companies whose leadership does not feel morally compelled to do more than the absolute minimum. Geiger and Conlan cleverly introduce their piece with a quote that dates from the H1N1 epidemic, which occurred in 2008/09 and led to similar vaccine hoarding and protectionism from countries in the global North, something many of us had all but forgotten. The authors remind us that:

> "these distributional inequalities are not simply a feature of a rapidly evolving situation that has left the global community with little pause to reflect. They are the direct and continuing consequences of a centuries-long absence of concern for global social and health justice by leaders in rich nations for populations in poorer ones".

McCarthy Flynn's piece draws attention to the fact that repeated epidemics and pandemics has demonstrated that the world has so much technical know-how to provide solutions in the form of innovative testing

capabilities and the development of remedies or vaccines. Yet hardly any of the production capacity of these solutions has been situated in low- and middle-income countries, where the largest burden of disease is being experienced (Vos et al., 2020). Geiger and Conlan go further by not only diagnosing this injustice but eloquently describing its cause; a continued colonial discourse that drives much of the global North's thinking of, and acting in relation to, the global South. They nevertheless end their piece on a high note by drawing our attention to two initiatives: the Texas Children's / Baylor College Corbevax vaccine and the Cuban vaccine development programme, in which researchers have simply abandoned the well-intended but blocked mechanisms. The Corbevax vaccine has already been shared free from patent protection with the goal of creating an alternative to expensive and tightly-guarded mRNA vaccines. These are the radical initiatives that deserve more attention. They are the bold statements that need to be grasped and held up for all to see. Geiger and Conlan go on to stress that:

> "Arguments that try to explain away inequalities in vaccine rates through 'hesitancy' or 'health system failures' are not only a throwback to a colonialist mind-set that a true global health (or rather, One Health) approach should have long since abandoned. They are also hugely dangerous in justifying continued inertia by leaders in HICs to change the current system of public subsidies for vaccines that predominantly serve the rich".

And here we circle back to the first article mentioned in this editorial, the transcript of the interview with Rupa Marya and Raj Patel. They point to the importance of tackling colonialism, the need for reparations, the value of big and small acts that are in some ways compensating or reversing the wrongs done in the past. These acts need to be protected from being rolled back, affirmative actions cannot be allowed to simply happen once and then be used as a token to let the masses believe that all is well now. This should not happen with initiatives such as COVAX, and it should not happen with acts of decolonisation that are slowly starting to take place (De Jong et al., 2019; Demaria et al., 2019).

> "The work is not simply just getting rid of things like the prison industrial complex and policing, and those borders that have been put in place to hold the damage within certain populations, to shelter the elite into pummelling the masses. In addition to dismantling it, is the radical act of imagining what a future looks like, where those things are not needed, where that harm is not actually a part of the equation. And that is such important work and really is the future horizons of this work" (Marya, Patel and White).

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