# EXPLORING AND ENABLING THEORIES AND PRACTICES OF SOLIDARITY AND ADJACENT CONCEPTS IN AUSTRALIA, AOTEAROA NEW ZEALAND, AND THE WIDER PACIFIC

## Summary of the Australia, Aotearoa New Zealand and the wider Pacific Workshop: Brisbane 28–29 November 2024

### 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 greater practical expression of solidarity in global health in the future.

The Australia, Aotearoa New Zealand and the wider Pacific Workshop is the third in a series of regional workshops being held, in different languages and different parts of the world, to surface different meanings of solidarity and its practice, including understandings of connectedness and responsibility to each other, community, the land, and the spirits. Each workshop has been structured to open with a tour de table or yarning circle, offering all participants the opportunity to express their own associations with, or understandings of, the concept of solidarity, and hence contribute to the framing of the discussion over the following two days. In particular, the Australia, Aotearoa New Zealand and the wider Pacific Workshop was structured and designed to draw out both concepts of solidarity and adjacent concepts, recognising that 'solidarity' is not a term commonly used by Indigenous Peoples from Australia or Aotearoa New Zealand.

This summary highlights key messages and emerging themes from the Brisbane workshop, with a more detailed workshop report available on the project website.

### A Welcome to Country

Songwoman Maroochy, an Elder of the Turrbal People and a direct descendant of Daki Yakka, Chief of the Old Brisbane Tribe, welcomed all participants to the ancestral lands of the Turrbal People, and shared her own understanding of solidarity: the importance of understanding and recognising each other's differences, and not pretending that everyone is the same.

This summary was compiled by **Katharine Wright**, with input from **Prof. Bridget Pratt**, **Dr. Jae-Eun Noh** (*Australian Catholic University*), **Prof. Caesar Atuire** (*University of Ghana and University of Oxford*), and **Dr. Julian Natukunda** (*University of Oxford*). The views expressed here reflect the discussions and contributions of stakeholders who participated in the Pacific regional workshop and should not be attributed to the Global Health Solidarity project or its funders.

## Understandings and practices of solidarity

**Examples shared by participants of what is entailed by 'solidarity' or adjacent concepts such as relationality included:**

- Recognising **human interdependence** not only as a necessary fact but as a positive value in our lives;
- Being **connected to ancestors** and having spiritual connection to land;
- **Lifting others up'** without benefit to oneself, leaving the world a better place;
- **Providing care for others out of love, responsibility and connection** – in contrast to monetised forms of care-giving – and **'being present'** for them;
- **Standing together to fight for justice** and **expressing allyship** in ways that are respectful and show humility, acknowledging different forms of knowing, being, and acting;
- **Offering and experiencing mutual aid and support**, particularly between members of stigmatised groups;
- **'Willing and choosing' connections and bonds** even in the absence of a shared context such as a geographical community.

## Contradictions and tensions emerging out of theories and practices shared

- **Is it possible to be in solidarity with *everyone*** (for example through the recognition of shared human frailty and vulnerability), or does solidarity by its nature exclude?
- Focusing on 'similarity' with others can lead to the **risk of overlooking or eliding differences**. Might other ways of grounding solidarity include finding common purpose for different reasons, or recognising shared needs?
- Is it appropriate to **include connections to land and non-human animals**, however important, within a concept of solidarity? This disagreement goes to the heart of different conceptions of what it is to be human and the role of connection with land and spirits in our human identity.
- When thinking about solidarity at an **institutional rather than personal level**, how can it be possible for **emotions such as love to be a requirement**?

## Enriching understandings of solidarity through Indigenous concepts

Relational concepts shared by Indigenous scholars from Australia, Aotearoa New Zealand, and Samoa and Fiji included:

- Understanding that everything and everyone is connected and integrated: **we don't 'have' land, we 'are' land; we don't 'have' relationships, we 'are' relationship**.
- A broad understanding of **kinship** as a **category of relationship that we have with one another that can connect *anyone* together**, within and between societies and beyond to non-human worlds; one that involves bonds of mutual caretaking and guardianship.
- Recognising **contradictions as mutual, rather than competing**, thus enabling us to live in a world of multiple realities in which no-one is excluded, just as large families can 'grow in' together by navigating their differences.

- The importance of an **ethics of restraint** that underpins relationality: recognising the need to slow down, pause, take time to regenerate, walk at the pace of those who cannot keep up, thus facilitating the vision of **no-one being left behind**.
- Deep living connections with the environment which underlie an understanding of **'stewardship'** that is about **'being with' rather than only 'caring for'**.
- The role of orienting stories and narratives of ancestral migrations across both land and ocean that provide us with conceptual tools to ground the responsibilities of the current generation to future generations, as part of a far-reaching intergenerational community.
- A commitment to **connection over time**: being open to **'walking a journey' with others that can lead to transformation**; enacting obligations and responsibilities owed to your ancestors in ways that enable you to create space for your children into the future.

Key concepts relevant to culturally-informed healthcare were identified as: **reciprocity**; **kinship**; and **collective care** (prioritising the health and wellbeing of community). **Inclusive systems integrating Indigenous principles**, and a **shift from individual-centred paradigms to family and community approaches** are both central in achieving such culturally-informed care.

## Implications of these understandings and practices of solidarity for global health

In discussions throughout the workshop on how the understandings and practices shared should inform global health, it was noted that the term 'global health' itself is used with multiple meanings, including: the aim of global health equity; the need to come together to meet common health ends; and the infrastructure and actions of current global health institutions. The issues raised that are summarised below speak to one or more of these different threads.

### Underlying attitudes and approaches

- The recognition of how people are **'experts in their own lives'**, and the **intrinsic value of relationships** illustrated by Indigenous accounts of kinship need to be central in global health thinking. This requires **resources and time** – to build up trustworthy relationships before rushing into action, with listening as integral.
- It also requires a **giving up or devolution of power** – with implications for how communities are supported in regaining power, how resources are allocated, what research takes place, and how health systems are governed.
- There is need for a **shared understanding of past harm** – 'a willingness to learn and unlearn' – that comes from acknowledging why distrust is indeed a legitimate response among many communities and stigmatised groups.
- There is **no place at present for an 'ethic of restraint' in our global structures**: the checks and balances that exist do not include the need for pause, for holding back and for slowing down. How can such an ethic of restraint be achieved?
- We need to **find stories that capture and share awareness of the multi-generational nature of our existence** to inform our global health frameworks. The recognition that we are all interconnected (across time and also across nature, rather than nature serving our needs) provides a **different way of approaching problems for current and future generations**.

## Constraining factors

Practical factors identified as acting as a constraint on or barrier to practices of solidarity in global health included:

- **Limited sustainable funding**, with funding being 'drip-fed' project by project in response to the priorities and requirements of funding organisations;
- **Inequitable collaborations** and lack of ethical engagement associated with such funding models and partnerships;
- **Power imbalances** – between funders and community organisations, and also between organisations and the communities they seek to serve;
- **Lack of prioritisation of community voices and needs** – for example where partners approach community organisations when an **agenda has already been set** or are unwilling to engage with a meaningful diversity of voices; and
- **Lack of knowledge,** often underlying the fear or disgust that leads to othering.

## Scope for concrete action

- Practical ways in which solidarity could be manifested in global health include in the way **research priorities are set**, involving diverse communities from the beginning; and through **ensuring Indigenous voice and representation in mainstream services in non-token ways**, articulated in appropriate language and using appropriate frameworks.
- **Co-governance** can help ensure that all those affected can see how 'people like me' have some control over how health systems, research, and innovations are governed.
- **Lobbying and advocacy** is as important as service provision in making structural violence visible, aiming to open the way to the possibility of greater solidarity. The **way in which such advocacy is exercised** can itself demonstrate solidarity through its inclusivity – for example through diversity of imagery.
- The use of **humour can be central in cutting through the 'othering' instincts** that lead to stigmatised communities being excluded – helping defuse tensions and challenge stereotypes in non-threatening ways that help engender trust.
- Examples shared of **embedding solidaristic practices** included:

> **seeing solidarity as foundational within an organisational ethos, and never as an 'add on'**;

> developing **partnerships that are concerned with equity, rather than with precisely equal roles and contributions**;

> always being **willing to challenge yourself** whether you are making assumptions about other people's cultures and practices.

The workshop concluded by reiterating the importance of commitment over time:

**"It's a process – the goal is solidarity but you need the process and engagement first. We need to keep coming back and re-engaging."**

Reference:
Exploring and enabling theories and practices of solidarity and adjacent concepts in Australia, Aotearoa New Zealand, and wider Pacific. Workshop report. November 2024, Brisbane, Australia.

Moving Beyond Solidarity Rhetoric in Global Health

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