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Experiential Learning in Global Health: Engaging with Multilateral Institutions in an Age of Rights Regression

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Abstract

Experiential learning opportunities are recognized to help students put classroom discussions into practice, build new peer networks, and challenge their own preconceptions about the roles of global structures and systems to advance health and wellbeing. After a pandemic-related hiatus, the University of Southern California Institute on Inequalities in Global Health returned to Geneva, Switzerland with students for two weeks at the time of the 2024 World Health Assembly to learn and engage with how global health governance plays out on an international stage. We brought eleven passionate and engaged USC Master's in Public Health (MPH) students whose interests covered a range of issues, including child and maternal nutrition, sexual and reproductive health and rights in conflict settings, mental health, and noncommunicable diseases, among many other topics. We spent two weeks meeting with inter-governmental organizations, international advocacy organizations, United Nations agencies, and joint funded programs, and our students built their own event schedule during the World Health Assembly to cover the health topics they were most interested in pursuing. Our aim was to have students engage with the complex interplay of health, law, and rights, and to see in real time how research and education inform policy, on local, national and global levels. As instructors and coordinators, we are convinced that the role of experiential learning has never been more important or influential. Multilateralism is under attack, and rights regressions are rampant. We found that fostering honest, content driven conversations with our organizational partners, and then having intense follow-up with our students, resulted in new perspectives— personally and professionally— which is likely to serve the work of the students in global health for the years to come. When the distance between classroom readings and the actual people steering global health can be bridged, university courses that center experiential learning offer the opportunity for emerging health leaders to truly understand the structures and systems in place, and better imagine their own roles in the fight for the right to health.

Keywords: Global health; human rights; World Health Organization; experiential learning

Introduction

Global health has been described as a field that aims for “worldwide improvement of health, reduction of disparities, and protection against global threats that disregard national borders.”¹ It focuses on understanding the factors that shape populations’ health around the world, countries’ policy and programmatic responses to health challenges, and the international organizations and governance structures that exist to improve health. It involves applying the principles of public health to health problems and challenges that transcend national boundaries and to the complex array of global and local forces that affect them.²

Accompanying geopolitical evolution, the landscape of global health is shifting, which means there is an increasingly urgent call to train and support a new generation of global health leaders to deal with

¹Sarah B. Macfarlane, Marian Jacobs, & Ephata E. Kaaya, *In the Name of Global Health: Trends in Academic Institutions*, 29 J. PUB. HEALTH POL’Y. 383, 383 (2008).

²Ilona Kickbusch, *The Need for a European Strategy on Global Health*, 34 *Scandinavian J. Pub. Health* 561, 561 (2006).

these emerging challenges. Central to this is understanding how global health is administered at every level from the global to the most local. Representing three distinct generations of academic practitioners, the authors have thought long and hard about how to best support this next generation of global health leaders. After a four-year pandemic related hiatus, in Spring 2024 through the University of Southern California Institute on Inequalities in Global Health³ we offered this course to help students understand the ins and outs of global health decision-making. *Global Health Governance and Diplomacy in Practice* begins in Los Angeles, CA and culminates with two weeks in Geneva, Switzerland, and offers students immersive, hands-on experiences in real-world, high-level global health forums, conversations, and events.⁴ Through this, Master of Public Health students can investigate the inner workings and public spaces where health is organized, debated, and administered at the global level and participate in the dynamic interplay of diplomacy, governance, policymaking, and advocacy. We were struck by the value of student participation in these global spaces in this current moment in which we are witnessing devastating attacks on health-related human rights and multilateralism more generally across the globe, and how “learning by doing” has the potential to shape the paths of these students to become global health leaders in the future.

The course is designed with two main goals in mind. First, to engage with the complex interplay of health, law, rights, and governance and to help students grasp in real time how research and education informs policy on local, national, and global levels. Second, we aim to help students put classroom discussions into practice, build new peer networks, and challenge their own preconceptions about the role of global systems to advance health and wellbeing. With these goals at the heart of the course, and in reflecting on the successes and lessons learned, we have landed on multiple value-adds for using experiential learning methods in global health curricula in today’s world. These include: the ways in which experiential learning has importance in our current era of rights regression, how these opportunities can create new personal and professional relationships and perspectives for students, and, finally, how, by bridging the distance between classrooms and global governance decision making bodies, students can better imagine their own current and future roles in the field of global health.

There is significant privilege as a university in the Global North to administer such a course, in terms of both funding and existing connections to international players in the spaces where health policies and priorities are negotiated. We believe there is immense value in these opportunities being made available as a part of training in global health and recognize it as one more way that students in other parts of the world do not have access to the same opportunities. We are committed to figuring out how best to support institutions in the Global South engaged in global health to support their students to have similar experiences.

Experiential learning is often defined as learning by doing – where students are experiencing, reflecting, thinking creatively, and acting.⁵ Experiential learning can include critical analysis, student accountability, as well as intellectual, creative, and emotional engagement, and opportunities to see and understand how scenarios play out in real time.⁶ Key to experiential learning is active engagement.⁷ Ideally, students are asking questions, following their own lines of inquiry, building relationships, and understanding consequences.⁸ Attention to these modalities is key to how the Geneva course is run, and critical for the long-term impact on students engaging in such courses. Experiential learning can happen through participatory and community-based fieldwork, collective priority-setting, case studies, scenario

³UNIVERSITY OF SOUTHERN CALIFORNIA INSTITUTE ON INEQUALITIES IN GLOBAL HEALTH, <https://globalhealth.usc.edu/> (last visited Nov. 19, 2024).

⁴Global Health Governance and Diplomacy in Practice, UNIVERSITY OF SOUTHERN CALIFORNIA INSTITUTE ON INEQUALITIES IN GLOBAL HEALTH, <https://globalhealth.usc.edu/education-training/degrees-courses/wha/> (last visited Nov. 19, 2024).

⁵*Experiential Learning*, Center for Teaching & Learning, BOSTON UNIVERSITY https://www.bu.edu/ctl/ctl_resource/experiential-learning/.

⁶*Id.*

⁷*Id.*

⁸*Id.*

training, and critical thinking on how to apply research to policy change.⁹ Experiential learning opportunities can additionally support the development of peer networks, skill acquisition, and relationship-building.¹⁰ Specific to global health education, they can also support students in acquiring skills linked to a range of disciplines, including law, medicine, public health, nursing, and other social sciences, which in turn can help students determine new directions for their careers in global health. Students need tools that can support their ability to translate school-based learning into change.

Experiential learning in the field of global health has its challenges. This may include managing student expectations, meeting the needs of students at different levels of experience and knowledge, the limited number of students who can participate for such a course to be effective (somewhere between ten and fifteen students), and more generally ensuring a diverse student cohort – which is especially challenging when access to such experiences is expensive.

The facts

In 2016, two of the three authors (Gruskin and Ferguson) revamped the *Global Health Governance and Diplomacy in Practice* course that had previously been offered at USC, changing the course structure and instructional methods. This version of the course, which has trained approximately fifty USC students, ran from 2016-2019 and was very well-received. In 2020-2023, there was a pandemic hiatus due to travel restrictions and changing access to global health spaces in Geneva. Most importantly, direct engagement with the World Health Assembly (WHA) has been severely restricted since the pandemic resulting in changes in how the course could be run this year, and with potential implications for the structure of the course in the years ahead. In Spring 2024, the course returned with the continued mission of supporting students to investigate the way health is organized and administered at the global level by exposing them to the inner workings of key global health organizations and integrating them directly into side events and other opportunities connected to the meeting of the WHA, the decision-making body of the World Health Organization (WHO). At the WHA, delegates from WHO Member States determine WHO policies and priorities, determine the financial health of the organization, and review and approve the WHO's program budget. Side events bring together global health leaders from governments, civil society and UN agencies to discuss pressing global health issues in more informal settings. Students engage with diverse organizations, consortia and networks who work in Geneva on global health and experience the international diplomacy processes governing health and global health funding and priorities. Even though students are not able to access internal WHA meetings like they used to, the role of side events taking place during the WHA has taken on a much larger role in global health diplomacy than in times past resulting in different but equally valuable learning opportunities for our students. This year, the students assisted during side events, worked with organizers, supported logistics and took notes on proceedings. Once they complete the course, students are equipped with the knowledge and skills to describe the role of major public and private players in global health governance, understand the forums through which global health governance is debated and formalized, analyze strengths and weaknesses in global health governance, contribute to global policy processes, and understand the role of governments and civil society organizations in global health governance and decision-making.

In Spring 2024, the course welcomed eleven USC Master's in Public Health students, drawn from both our on-campus and online MPH programs, who ranged in age (26-43) and career stage. The students came together with varied professional goals, including aging research, community health work, data science and epidemiology, dentistry, and medical practice. And, specific to the global health topics they chose to pursue as a part of their course requirement, their interests spanned child health, maternal

⁹Daniel Tarantola & Sofia Gruskin, *Health and Human Rights Education in Academic Settings*, 9 HEALTH & HUM. RTS. J. 297, 299 (2006).

¹⁰Daniela C. Rodríguez et al., *Experiential Learning and Mentorship Global Health Leadership Programs: Capturing Lessons from Across the Globe*, 87 ANNALS GLOB. HEALTH 1, 9 (2021).

nutrition, sexual and reproductive health and rights in conflict settings, mental health, noncommunicable disease, and other varied topics. The distinct interests and professional experiences of our students added tremendous value to the course, helping them to understand not only how their interests intersect with other students' goals, but the importance of interdisciplinarity in global health research, education, and policy.

The course employs a mixed method learning approach. This includes pre-departure training, classroom training on key global health concepts, discussions and presentations on WHA agenda items, discussions of United Nations systems and structures, mentorship around students' global health topic of choice and the creation of personal side event schedules, trainings on notetaking in high-level political forums, reflection assignments, production of social media videos, and a final paper on students' topic of choice. The course is not stagnant, hierarchical, or classroom-based, and requires everyone to work together and support one another in a spirit of solidarity, especially in the fast-paced, long days that form the Geneva portion of the experience. Students are able to strengthen their skills through written assignments, social media, and group discussions. Students learn how to ask questions in a highly-charged environment, how to approach and interview global health leaders, and how to support one another with jointly-determined goals.

While in Geneva, the course is split into two distinct weeks. During the first week, students work entirely as a group, attend organizational meetings where they learn to ask questions, participate in scenario training, and analyze data.¹¹ Students gain firsthand insight from conversations with leaders at organizations such as Gavi, the Vaccine Alliance, many departments of the World Health Organization, the Sexual Rights Initiative, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as meeting with high-level global health leaders who form part of the United States 2024 government delegation to the WHA.¹² Arina Megerdichian, a Master of Public Health student, explained, "Conversations with the various representatives of intergovernmental organizations, civil society organizations, Ministries of Health, and even the U.S. Department of Health & Human Services Office of Global Affairs highlighted the complexities of navigating policy and advocacy amid growing geopolitical tensions, but also introduced the possibility of contributing to global change."¹³

Student visits also include Sanitation and Water for All, the International Federation of Red Cross and Red Crescent Societies, the International Commission of Jurists, the World Trade Organization, Intersex Australia, UNAIDS, and the Office of the United Nations High Commissioner for Human Rights.¹⁴ These conversations with organizational representatives are candid and reflective, in that we ask our partners to combine traditional presentations with opportunities for direct student engagement, including scenario-building, data interpretation, discussions of personal history, as well as open-ended discussions.

During the second week, which coincides with the first week of the World Health Assembly, students continue with organizational meetings but additionally get to create their own schedule of WHA side events related to their chosen paper topic. Students are also assigned support roles in event set-up, notetaking for key partners in relevant side events and follow virtual WHA agenda items related to their global health topic of choice. The course structure requires that each student follow a global health topic of interest during their time in Geneva and build their event schedule around their topic—attending relevant sessions. Students are supported to create a manageable schedule that expands their learning. Throughout both weeks, course faculty prompt students to think about the connections between organization briefings, as well as interpret how different organizations think about and address global health issues.

This all begins with training and classroom discussions that occur before travel to Geneva. Pre-departure, students pick their health issue of interest, review current literature and identify which global

¹¹Linda Rivera & Caroline Diamond, *Exploring global health governance: PM 589 in Geneva*, KECK SCH. MED. USC, (Aug. 27, 2024), <https://keck.usc.edu/news/exploring-global-health-governance-pm-589-in-geneva/>.

¹²*Id.*

¹³*Id.*

¹⁴*Id.*

organizations are working on the topic within the World Health Assembly agenda. In our students' final papers, they incorporate insights gained through their interviews with different stakeholders, organizational briefings, and attendance at side events. By attending organization briefings and WHA side events, students witness the value of interdisciplinary action for global health policy and research. As one MPH student, Ricardo Hernandez Argango said, "the course influenced me by inspiring a multidisciplinary approach and dedication to evidence-based policymaking in my journey as a global health advocate and policymaker." During the two weeks in Geneva, students also submit two reflection papers that allow them to process how they are experiencing the course and document their intellectual and personal growth.

Reflections

Student engagement and full participation is made possible because of specific attention to leveraging experiential learning methods. Our aim is for students to conclude the course understanding the interplay of health, law, rights, and governance in health policy, and how that plays out in practice. We incorporate these aims into all discussions and assignments by asking students to connect ideas across disciplines, emphasizing community in our cohort, and scheduling organizational briefings with trusted allies that represent a diverse set of topics, structures and global health entry points.

We find that experiential learning in global spaces has particular importance now, in an era of rights regression, which is challenging the decades of work that have advanced the health and human rights of all people. As we know, health is political.¹⁵ Even though the right to health is embedded in global health institutions and founding documents, how this currently plays out in practice is of tremendous concern. Issues that transcend borders, like pandemics and climate change, have complicated how governments respond to health crises – and these responses often ignore health and well-being while further exacerbating inequality.¹⁶ On top of this, the rise in populist movements globally, often attacking international cooperation and collaboration, only further alienates efforts to support human rights and health.¹⁷ These right-wing agendas have far-reaching impacts, including limiting access to essential reproductive health services, gender-affirming care, education, and aid programs. Our course allowed students to witness firsthand how the actions of anti-rights and anti-gender movements are playing out in global forums. This included seeing how words such as "gender" and "sexuality," in which a discussion of both is essential to achieving global health goals, are now impossible to negotiate within WHA resolutions. Alongside this, we witnessed the ill-informed, costly and time-consuming pushback against the expertise of organizations that are explicit in their work of the need to support abortion, alongside immense funding strains put on international organizations, and the increasingly shrinking space for civil society engagement in formal global health spaces.

Our presence as witnesses to these actions in Geneva in this crucial moment coupled with conversations with organizational leaders helped bring the concerning impacts of rights regression to life, but also showed our students not only why this matters, but how to respond and to continue advocating for good health policy – even in the face of geopolitical challenges. Students learned about the ways in which we are entering a new era of regression – where powerful states are moving backwards, and populist movements are growing – and that persistence and solidarity, even in the face of adversity, is key to building momentum and sustaining action. Iris Martinez, an MPH student, said,

The course was empowering because we had the opportunity to learn from global health leaders and witness firsthand how international organizations work with each other to protect health and

¹⁵Rajat Khosla, Pascale Allotey & Sofia Gruskin, *Reimagining Human Rights in Global Health: What Will it Take?*, 7 *BMJ Global Health* 1, 1 (2022).

¹⁶*Id.*

¹⁷Kenneth Roth, *The Dangerous Rise of Populism- Global Attacks on Human Rights Values*, HUMAN RIGHTS WATCH (last updated 2017), <https://www.hrw.org/world-report/2017/country-chapters/global-4>.

human rights throughout the world. Most importantly, it was humbling to learn that we all can be global health leaders and advocates – all it takes is fighting for what you believe in and continuing to advocate for that belief no matter the challenges and oppositions ahead.

We also know that this experience creates new personal and professional relationships and perspectives critical to engaging in global health work over the long-term. Relationships are developed in meetings and work environments but also through sharing food, laughing, and learning together – experiences possible because the course allows for this intensive time together among students, faculty and close partners. As Apoorva Vishwanath, an MPH student, explained, “Contributing to meaningful work in our own small way (for example- note taking) and coming back with bonds of strong friendships and a lifetime of memories is definitely a celebration.”

Building community within the cohort itself is critical here, noting that this shared intensive learning experience can help students to bring these ideas to their current and future classroom discussions and workplaces. As noted, students attended high-level briefings but were also encouraged to meet for coffee with those who could provide career advice, or insight into their topics of choice. By encouraging and giving guidance for these conversations, students learn about the value of building professional relationships and how to talk confidently with others about their topics of interest. Students even witnessed our own long-term partnerships that make this course possible. Many of the organizational briefings were led by our longstanding friends. This helped students see how alliances are built that are critical to the future of global health, over and above the need to maintain good working relationships with colleagues.

Finally, by bridging the distance between classrooms and places of global governance, students are better able to imagine their own futures in the global health field. Reading about the health and human rights movement, for example, is much different than seeing how health organizations are employing human rights frameworks in their monitoring and evaluation efforts, even as external actors try to remove attention to rights in the work of these organizations. Students can see, in real time, how human rights not only started but remain an important practical tool, that they are not simply an abstract academic framework, and understand on a deep level how fragile these gains are. They also witness the inefficiencies of global governance firsthand and hear from experts about current geopolitical and institutional challenges in moving tasks and initiatives forward. At the same time, they see that organizational leaders remain inspired by and committed to what they can do, what is important to them, and all the many ways they seek to put the needs and rights of real people at the center of their work. By meeting and learning from leaders of various disciplinary and geographic backgrounds, students can better imagine their own potential professional paths than if they read these words in a classroom setting. By attending organizational visits and side events, students also see different workplace environments and organizational research and policy agendas in ways that are not apparent on the institutional websites. This in turn can help them to better articulate the types of institutions that align with their values and personal goals. As one MPH student, Annie Thach, said,

The course immersed me in a supportive and empowering learning environment where I engaged with global leaders, peers, and mentors on transnational public health issues and witnessed history in the making at the World Health Assembly. It unveiled the intricate interconnectedness of global health through the lenses of law, human rights, policy, epidemiological data, and community engagement, inspiring me to pursue innovative approaches and career paths I had never considered.

Some students started our course on the medical school track but finished with an interest in law. Others realized that their goals are more research-oriented, or that they are specifically passionate about how to translate research to policy and agenda setting. These shifts in personal goals can happen in a classroom setting but the experience is heightened through experiential learning, where students feel excited about their growth in knowledge and in the field.

Conclusion

The need for experiential learning in global health has never been greater. Our field—specifically health policy and research with law and rights at the center—needs engaged professionals with vision and passion. Experiential learning opportunities help students understand how to navigate our era of rights regression, build new personal and professional relationships, and imagine their own future roles in global health. Reading about countries' rejection of terms such as "gender" or "reproductive rights" is interesting but can remain abstract; being in the spaces and discussions where such rejection is taking place provides an immediacy and impact that is brought to life by experience. By asking questions, experiencing global governance forums, having formal and informal conversations with leaders in the field, and reflecting in a comfortable and supportive environment, students can deepen their engagement in global health in ways that truly can make a difference. The *Global Health Governance and Diplomacy in Practice* course we offer is just one example of a global health course that embeds experiential learning in teaching, instruction, and learning outcomes. We look forward to learning of other examples. Global health students across the globe should have access to these types of courses to inspire engagement, action and long-term commitment even in those just entering the field. The health and human rights movement depends on a new generation of leaders, and embedding experiential learning is one important step.

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