

## Decolonising Health Care Innovation: some thoughts after an event

Recently, health and care professionals, community leaders, statutory organisation colleagues and academics came together to challenge where we learn from. At a seminar held by hosted by Queen Mary University [Centre for Public Health and Policy](#) and the [Newham Centre for Health and Care Equity](#) we explored innovations in health in the low resource health systems and how these could inform practice in better resourced systems. We considered what this means for the UK, East London and Newham. Dr Matthew Harris discussed the findings in his recently published book [Decolonizing Healthcare Innovation: low-cost solutions from low-income countries](#) and [Dr Sara Paparini](#) and [Kirstin Prest](#) reflected on his insights in the context of their own work. Dr Paparini focuses on health inequalities in sexual health, HIV and infectious disease and Kirstin Prest's PhD work looks at co-adaptation of "Baby Ubuntu", a Ugandan programme for parents and carers of children and young people with complex neurodisability, for use in East London, UK.

The event can be watched here: [Decolonising Healthcare Innovation: A Panel Discussion](#)

Three themes were particularly powerful:

- 1) **Lessons from low resource health systems are really relevant to our local system:** In Newham – as across the UK – demand far outstrips resources. This is true in our healthcare services, the services that support social determinants of health and the wider context that enablers or hinders good health. As one participant said, "I'm going to think about Newham as a low resource health care system and see what innovations that brings about."
- 2) **Context is powerful but doesn't stop principles being transferable:** context should not be an excuse not to apply innovations from elsewhere: the group had a lively discussion about the importance of context which for some might be the reason not to apply lessons from elsewhere into the Newham – or indeed UK – context. However, there was strong advice, including from Dr Harris, that differences in context are not in themselves a reason not to apply learning from elsewhere. Equally if not more importantly context is not singular; we live in, and a place has, a multiplicity of contexts. Some of these features are similar to low-income countries and others are very different.
- 3) **We can learn about framing not just practice:** There are powerful examples of practice in low resource health systems that can deliver benefit in higher resource systems. And there is more to learn; we can challenge the ways we conceptualise health, wellness and recovery. How other places frame illness, healing, care and wellness can be considered for what this means for how the UK defines 'good' healthcare. How might our health and care responses be different if we had broader views of what it means to get better, where and how.

The seminar reiterated powerful messages for the way we look to address health and health care outcomes in Newham. It challenged us to think about the roles of different parts of the health and care system, where we learn from and how we partner with residents and communities. The seminar is one example of how our Centre for Health and Care Equity is bringing together academics, community organisations and health and care practitioners to increase our evidence-informed practice and our practice informed evidence. We're looking forward to seeing how it evolves.

If you'd like to know more about the Centre, our work and our ambitions, please contact Anne Pordes Bowers [anne.bowers@newham.gov.uk](mailto:anne.bowers@newham.gov.uk).

