

The logo for the 'JUST 3' podcast. The word 'JUST' is written vertically in yellow, and the number '3' is written horizontally in yellow. Below the text is a horizontal bar composed of three segments in shades of blue and white.

JUST 3

JUST THREE Podcast: A Conversation with Annette Mwansa Nkowane

October 23, 2020

Host: Catherine LaSota

Total Length: 21:14

[*Music*]

[00:06] **Catherine LaSota:** Welcome to the JUST THREE podcast, a project of the [Center for the Study of Social Difference](#) at Columbia University. I'm your host, Catherine LaSota. On the JUST THREE podcast, we talk with artists, activists, and other scholars who are deeply engaged with issues of social justice.

On each episode of our podcast, we have one guest, someone who's connected to one of the many working groups here at the center. And on each episode, I ask the same three questions: one, how does your work engage with issues of social justice? Two, what do you see as the biggest social justice challenge of our current time? And three, how can we foster ethical and progressive social change? I hope you enjoy this episode of the JUST THREE podcast.

[*Music*]

[0:50] **Annette Mwansa Nkowane:** Our obligation in nursing and midwifery is this: to improve the health of the underserved, marginalized, and vulnerable populations.

[1:08] **Catherine:** Today on the JUST THREE podcast I'm thrilled to chat with Annette Mwansa Nkowane. Annette Mwansa Nkowane is a nurse and midwife from Zambia. During the Ebola outbreak, Mwansa served as the Technical Officer of Nursing and Midwifery in the World Health Organization's Health Workforce Department in Geneva. She has also worked with other WHO departments including mental health and substance use and Gender and Women's Health.

Prior to her position at the WHO, Mwansa worked with International Federation of the Red Cross in the health department. Mwansa is part of our project. As part of that project Mwansa conducted interviews with Ebola nurses in Sierra Leone and Liberia in August 2019. The [On The Frontlines working group](#) seeks to understand the role of nurses as change agents in the prevention, detection, and response to pandemic infectious disease outbreaks. And although

nurses are crucial to combating pandemics, their work is often not considered when international leaders gather to discuss global health issues. This is why I'm so excited today to talk with Mwansa on the JUST THREE podcast.

Our interview was recorded on October 23, 2020.

[*Music*]

Mwansa, thank you so much for joining us on the JUST THREE podcast. It's really great to have you here and to talk with you. And before we dive into our three questions, I just wanted to ask if you could briefly introduce yourself, tell us how you're doing and where you are currently situated.

[2:51] **Mwansa:** Yeah, I'm Mwansa Nkowane I'm a Zambian so basically I'm living in Zambia. I have a nursing and midwifery professional background with postgraduate training in human resources. I'm actually very honored to be part of this podcast, having begun working as a nurse at the bedside, worked at international levels, such as the International Federation of the Red Cross and Red Crescent societies, and the World Health Organization in Geneva. My last job was at the World Health Organization where I was coordinating global nursing and midwifery from 2010 to 2017. Then I retired in 2017. Yeah, so that is a little bit about my personal background.

But I also wanted to emphasize something about why I think this podcast is really very important to me. As you can see, I have retired but certainly I'm not tired at all. I continue to work on nursing and midwifery issues as I feel this has been my lifelong calling. Based on my experiences as a nurse and a midwife, both professions focus on maximizing health capacities in helping individuals and families accept personal responsibilities for better health outcomes and good health. Irrespective of what level one looks at, promoting social justice has implications on the way nurses and health professionals address issues. For example, the stigma issues, which also affects the health workers and how to interact with other professionals, how we empower individuals in our care as well as how we ensure that our voices and the voices of those we serve are heard and acted upon. So for me, the bottom line is that we need to be advocating that everyone has access to affordable care by promoting ethical principles and human rights. So that's why I'm very happy to participate in this podcast.

[5:08] **Catherine:** I'm so glad you're here and you're with us and that you're doing this important work. I wonder if you could tell us briefly about your involvement with our On The Frontlines working group here at the Center for the Study of Social Difference?

[5:23] **Mwansa:** Yes. So basically, the work I do, in general, is at the international level and national level, and it's all very relevant to social justice. And the work with On The Frontlines, with my colleagues at Columbia University, we want to acknowledge the contribution of nurses and midwives to the Ebola outbreak in West Africa that happened in 2014 to 2016. By offering them a safe and non-judgmental atmosphere to talk about their experiences, their memories


and events and traumas that they experience. We are trying to learn lessons on the clinical community and the communication aspect.

So for me, I really enjoy participating in this activity with Columbia University because once we have documented these experiences, our desires to inform new policies and responses to deter and detect and effectively control epidemics at the frontlines of healthcare. Social justice for me is an imperative in epidemics, so this work is very important. Because there is increased social exclusion due to stigma and risks, especially, you know, during pandemics like this, like Ebola. And now the COVID. As you may be aware, the Ebola disease highlighted various community impeachments in the delivery of health services, which go beyond the people that were sick. So our work, and you know, that's why I'm happy to be involved in it helps us understand all these issues so that in future, the responses that nurses and midwives provide, provide fair and equitable services to the communities they serve. You know, this is just an example that I can give, you know, working on the Frontlines project, but there are also other examples I can give the work I'm doing here in Zambia.

[7:25] **Catherine:** Wonderful, thank you so much Mwansa, and that work that you're doing with On The Frontlines. I know that just hearing about some of your interviews there and your discussions about it and caring about the mental health of the nurses working on the frontlines as well really struck me.

I'd love to dive into our three questions of the JUST THREE podcast now. And it seems that you have answered a bit of some of them. But I'd love to hear your further thoughts. The first question that we have for all of our guests is: how does your work engage with issues of social justice?

[8:01] **Mwansa:** Okay, of course, as you rightly put it, I've already made some examples of the work on the frontlines, but I can also give you another example on the work I'm doing on improving the quality of midwifery education in four African countries. In this work, we are building capacity in the middle for institutions to improve quality of midwifery education, by enhancing leadership, innovation, resources and community engagement. These elements that I've mentioned are key in making an effective contribution to communities in their locations and beyond. So for example, the element on community engagement to ensure that the institutions have a social responsibility so that mothers and women in the surrounding communities are engaged and have access to quality services. These institutions are able to tap on the young aspiring midwives in the community, from the local communities, who will consequently provide quality midwifery services once they qualify. And in addition, the institutions are being empowered to design strategies for incremental sustainable improvements for evidence-based practice, as well as updating curricula to embrace competency-based education, engaging in collaborative research in national policy change initiatives. So all these activities lay ground to work towards social justice for women in general, as well as pregnant women, children, midwifery students, because they have access to quality education, as well as the society at large. This is an example of this work that I'm doing in four African countries.



But I cannot go without giving you an example about the work I am doing in Zambia currently which relates to Ebola as well because we are now looking at COVID-19. So I'm the principal investigator in the national research on national leadership response to COVID-19 in Zambia. Some of the issues we are looking at relate to personal protective equipment, and professional psychological support, job safety, service delivery, management and policy. These are issues that are important in ensuring that nurses are available to provide the needed services to the populations. COVID-19, just like Ebola, is a highly transmissible disease. We hope the results of this study can help legislators in future respond to similar epidemics so as to serve the communities better. So improving community access to better health services is important for social justice. That's what we want our nurse leadership in Zambia to work on. So these are the two examples of how we can actually engage in user work in improving social justice.

[11:14] **Catherine:** I'm really glad to hear about that work. And it sounds like it covers so many areas and is so holistic in its approach, and is looking at the full picture of how to affect change in these areas as well. Our next question is quite a broad question. And I would love to hear your thoughts on question number two that is: what do you see as the biggest social justice challenge of our current time?

[11:40] **Mwansa:** Hmm, it's a difficult question—there are several challenges to social justice in our current time, I think. Okay, I'll just highlight a few. For example, the number one issue I can think of is communication. Communication among health professionals can help to deliver a coherent response. So with regard to the public, there's been, you know, a lot of misinformation, fear mongering, misconceptions, mistrust, which all lead to prevent the population from accessing the services they need to promote health, and prevent disease and seek appropriate treatment to an affected. So communication, for me, is really the number one challenge. And I think as the health workers, we all need to be really trained and skilled to be able to communicate effectively with those we save.

The second challenge is the issue of competence of nurses and midwives. This must be ensured: if those in the frontlines are unaware of what to do, they will be unsure on how to respond to the pandemic. So in the case of our work in Liberia and Sierra Leone, it took some time during the pandemic for frontline workers to be provided with minimum infection control standards. Even the training was provided late and the operational plans to safeguard the health of workers also were not immediately available when they were deployed. We saw during the same pandemic, and now with COVID-19, that personal protective equipment have been insufficient, especially at the onset of the pandemic. So really, it is not socially just to expose frontline workers to the risk of acquiring infection. This repeated challenge must be at the frontline of operational plans. So social justice has to be insured for both the workers and recipients of services. And I believe that this is really critical.

Then lastly, one other challenge I can think of is, I've observed that, you know, health workers really work in such high-risk situations; They might not really be motivated. So we need comprehensive approaches to address this because I strongly believe that this challenge can be partially achieved by recognizing the contribution of those in the frontlines, like the work we are

doing with the university. So I think in a nutshell, these are some of the challenges that I see, which for me would be priority if I have to look back and see how I can improve social justice in the current environment I'm working in.

[14:44] **Catherine:** Thank you for that. What I'm hearing from you is there's three major things: communication, preparation, and recognition. Does that sound correct to you?

[14:55] **Mwansa:** Yes, because only if those things fall in place can health workers actually deliver and ensure that the communities have access to the services. Because what we're trying to promote is having fair and equal access to services.

[15:12] **Catherine:** Thank you. Our last question is also a big one and continues from our last question of what are the challenges. Our last question is: how can we foster ethical and progressive social change?

[15:28] **Mwansa:** Well, they are all difficult questions. But let me say that our obligation in nursing and midwifery is to improve the health of the underserved, marginalized and vulnerable populations. So reflecting on the Ebola response, it was difficult to reach vulnerable populations, including pregnant women who are not able to access the services they needed. People died before they could get to the health facilities because many people did not want to provide transport for fear of contracting the disease.

There were also many issues around customs and norms, especially those related to barrels, and nurses who worked on Ebola and their families were stigmatized by the communities. What I see here is that the underlying determinants of health as well as beliefs, and the perceptions of the society are an integral part of fostering ethical and progressive social change.

In terms of our project, there are opportunities that nursing does on the frontline could be soon. For example, making sure that political actions are informed by nursing knowledge and clinical judgment generated through their experiences. And in addition, nurses and midwives cannot work in isolation themselves. They must be collaborative in integrative roles and leadership responsibilities, which needs to be adopted and nurtured.

Based on the lessons that we've drawn now from the Ebola response, our project has noted that fairness and equity in the way the epidemic was addressed, and being progressive addressed is the result of nursing leadership actions. Some of the examples that I can provide include, you know, for example, in teamwork, promotion of teamwork, adherence to infection control measures as the result of training. Also, the governments have recognized that timeliness of the provision of supplies compromises the response to pandemics. And at an individual level, I'll say that competence development has increased confidence in their ability to protect the health workers themselves and others to deliver the services.



So for me, this is social justice in progress. Okay, we are aware, we haven't reached but it's in progress, especially if this can be supported by progressive policies, government policies. That's how I could address that issue of fostering ethical and principled social change.

[18:17] **Catherine:** Thank you. These are really great ideas. And I'm hearing from you influencing policy decisions and government decisions. And I'm left wondering how we do that. But I also know that the work that the On the Frontlines group is doing and the other work that you're doing, just to get the stories of people on the frontlines is so crucial, I believe. And I wonder if there's anything else that you want to share with the time we still have here together on any of those topics?

[18:47] **Mwansa:** Yeah, I think the voices of the nurses, if they are not heard, there cannot be any policy change. So this is why the work is really critical.

And the work we are doing here in Zambia on COVID-19, preliminary findings show that nurses at the beginning, were actually not consulted much, even in drawing up plans for COVID 19. So, getting involved, and, you know, the government had to realize that "We have left the nurses behind, and most people who are delivering services are nurses, so let's bring them into the fold and then help them help us to roll out the plans." But it should not be like that.

So we should work hard in advocating and pushing the agenda. But you know, we cannot push the agenda if we don't have evidence. That's why documentation research is very important, because those are facts that cannot be disputed. They are facts. This is what is on the ground. So let's come up with policies that promote social justice based on the evidence. Hearsay will not move the needle. That's my opinion.

[20:07] **Catherine:** Mwansa, thank you, thank you, thank you so much for all of that you've shared with us today and for being here on the JUST THREE podcast. I really appreciate hearing from you. And I know our audience does too.

[20:22] **Mwansa:** Thank you so much, Catherine. It's been a pleasure.

[*Music*]

[20:28] **Catherine:** Thanks for listening to the JUST THREE podcast. To find out more about our guests, please visit the show notes. To find out more about the Center for the Study of Social Difference. Go to www.socialdifference.columbia.edu.

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I'm your host, Catherine LaSota. Thank you and catch you next time on the JUST THREE podcast.