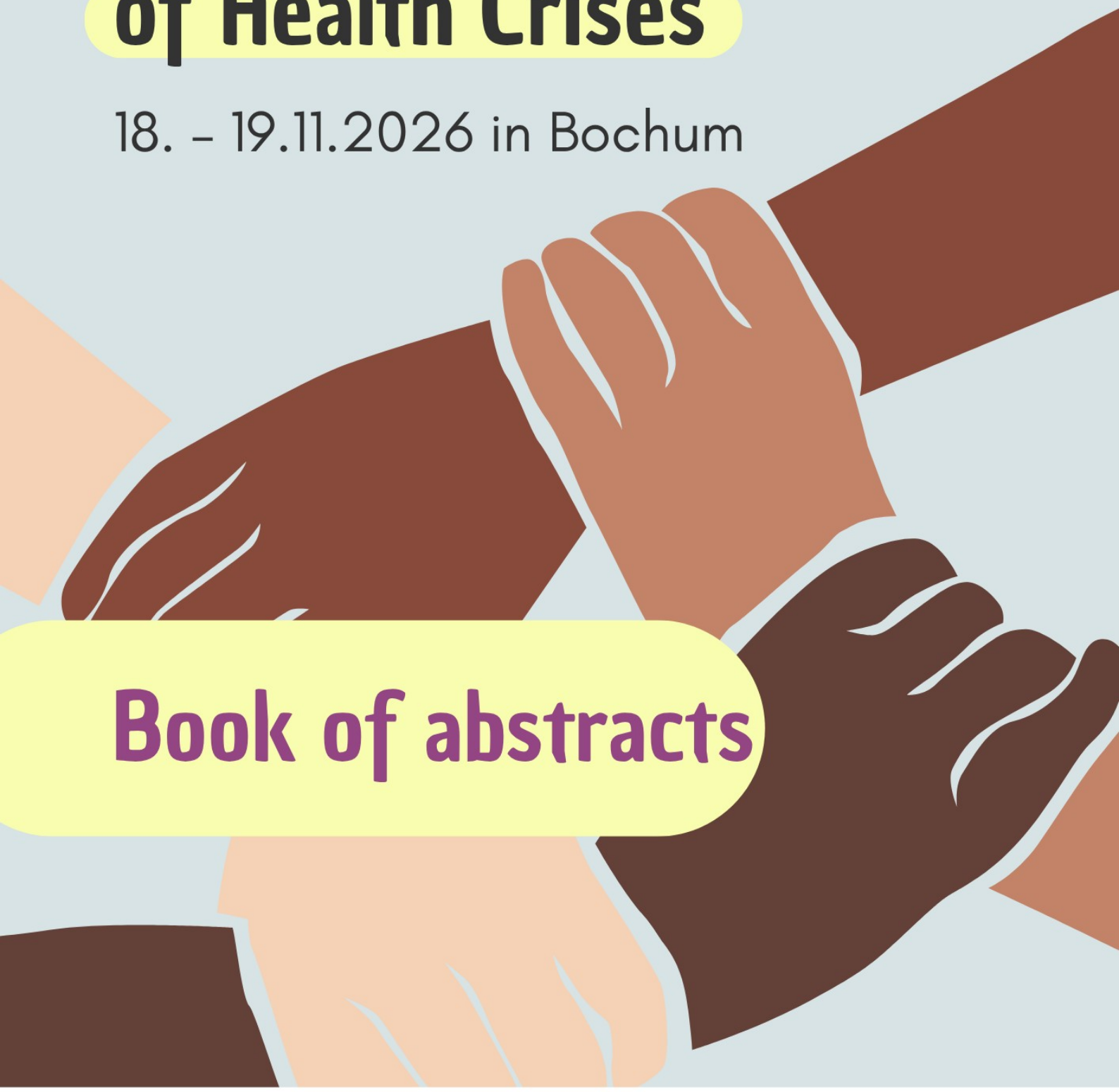
International Conference

The Role of Community Research in the Context of Health Crises

18. – 19.11.2026 in Bochum



Book of abstracts

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International Conference: The Role of Community Research in the Context of Health Crises

18–19 November 2026 · Bochum University of Applied Sciences (Gesundheitscampus), Ko-Fabrik and Community Health Centre Querenburg

Organisers: Prof. Dr. Christiane Falge (Bochum University of Applied Sciences), Prof. Dr. Franziska Satzinger, Prof. Dr. Michael Knipper (Justus Liebig University Giessen), in cooperation with Stadtteilgesundheitszentrum Querenburg e.V. and Stadtteillabor Bochum

Supported by the German Research Foundation (DFG), Bochum University of Applied Sciences and Justus Liebig University Giessen

Opening Keynote

Wednesday, 18 November 2026, 9:15–9:45, Gesundheitscampus · Chair: Michael Knipper · held digitally

Beyond Inclusion: Community research, epistemic justice and the re-making of knowledge in health crises?

Prof. Dr. Anuj Kapilashrami, University of Essex, United Kingdom

Research conducted during health "crises" often reproduces epistemic injustice: knowledge is extracted from communities, while research priorities, methods, interpretations and resulting actions remain controlled by institutions and researchers. These power asymmetries can marginalise community knowledge, constrain meaningful participation, produce partial understandings of the phenomenon under study, and limit the relevance of findings, particularly in precarious low- and middle-income country (LMIC) settings. In research with disadvantaged communities and precarious contexts, these concerns are compounded by diverse mobility experiences and the political and social conditions shaping the lives of migrants, refugees and other vulnerable populations.

This paper asks how research methodologies can move beyond inclusion as participation and consultation towards more equitable practices of knowledge production and translation. Drawing on the experience of the GEMMS global health research group and previous work with low-income migrants, refugees and informal labourers in India, Nepal, Cambodia, South Africa and Zimbabwe, it shares insights and learnings from implementing mixed-methods research embedded in a participatory action research (PAR) approach.

The paper critically reflects on the values and principles guiding this work, including how community stewardship and safeguarding are embedded in research design and implementation. The talk considers the possibilities and limits of these practices in addressing extractive research relations and unequal authority over what is researched, how knowledge is interpreted, and whose expertise is recognised. By foregrounding methodological choices, power relations and reflexive practice, the paper explores the conditions under which transnational research can contribute to epistemic and health justice rather than reproduce existing hierarchies. It offers lessons for researchers seeking to make community participation consequential and to support more accountable, context-sensitive, ethically grounded and equitable knowledge-making in health crises.

Panel A – Decolonisation and Health Justice

Wednesday, 18 November 2026, 10:00–11:30, Gesundheitscampus · Chair: Felicha Downie-Brown · Roundtable discussant: Rano Turaeva

Conceptual dilemmas of decolonizing global health: situating an ethical imperative between history and politics

Paulo Trivellato, School of Public Health, University of São Paulo, Brazil

Spanning artistic, academic, and activist spheres, the concept of decolonization has increasingly gained traction as a marker of ethical positioning – often, and perhaps counterintuitively, to the detriment of its utility as a historical argument. This presentation examines global health as a particularly illustrative case of the theoretical constraints arising from this conceptual ambivalence, especially following the convergence of the Covid pandemic and global Black Lives Matter protests. On one hand, since proposed definitions of global health undergo a similar conceptual oscillation – where a normative emphasis on equity prevails over descriptive efforts – attempts to define the expression "decolonizing global health" face compounded challenges. On the other hand, a robust historiography allows us to situate global health within the historical phenomenon of decolonization, offering a framework to re-evaluate contemporary demands in light of historical context. To bridge these dimensions, we conducted a systematic review of co-occurrences of "decolonization" and "global health" in English-language research and opinion articles through 2023. After filtering an initial pool of results – excluding instances where terms appeared only in citations, affiliations, or in a microbiological context – we analyzed 822 publications based on how they associated these concepts, the textual centrality of each, and the prevailing focus of the decolonization concept (historical vs. normative). By analyzing two specific subsets – one focused on the "decolonization of global health" and another on the historical process itself – we demonstrate how different usages shape our understanding of contemporary governance paradigms and ethical imperatives. Ultimately, we argue for the integration of historical insights to strengthen the political leverage of decolonization as an emancipatory horizon.

Challenges and lessons learned from implementing participatory public health research in Amazonian indigenous communities

Lucero Diaz Gomez, Universidad Peruana Cayetano Heredia, Lima, Peru

Social Mobilization as Policymaking Lever? A Transatlantic Dialogue on Community Action and Decentralized Governance during COVID-19 (SMAPL) research project was carried out in Peru in the northern Amazon region, with the collaboration of three indigenous communities of the Awajún people—who have a long history of coping with epidemics brought about by colonization—and health personnel working in those communities, who faced the pandemic with the limited resources provided by the healthcare system. This research sought to maintain a dialogic approach to generate non-extractive interactions between the research team and our interlocutors. In this regard, this presentation will address the challenges that arose in conducting this research in a participatory manner, as well as the lessons learned from them. First, it will discuss the challenges identified, particularly those related to maintaining the active participation of the communities throughout the research and the joint construction of knowledge. Second, the ways in which these challenges were addressed during the research will be described, including processes of jointly defining objectives between the communities and the research team, collaborative work with local actors during fieldwork, and agreements on how to generate knowledge and ways to highlight the issues of interest and the most important demands for the communities. Finally, the lessons learned from the research will be presented, which relate primarily to building trust and transparency, the conscious acknowledgment of power asymmetries, and the respectful exchange of knowledge between the communities and the research team.

Sustainability of Community-Based Research (São Paulo)

Vitória Vieira da Silva, Catarina Almeida Mançano Fernandes, Kamilla Baes and Paulo Trivellato, School of Public Health, University of São Paulo, Brazil

Health crises do not hit all populations in the same way. In large metropolitan areas of the Global South, such as São Paulo, Brazil, crises such as extreme climate events, food insecurity and pandemics are layered on top of existing socio-environmental, racial and gender inequalities. These inequalities shape who is exposed to risk, who gets protection and whose experiences are recorded. Peripheral territories, settlements and rural–urban fringe areas often face these crises first and most severely. At the same time, they hold long traditions of community organization, mutual support and collective knowledge production. Understanding these settings therefore calls for research approaches that treat communities as active producers of knowledge and agents of change, not only as objects of study or recipients of intervention.

This panel brings together three master's research projects developed in São Paulo. Each looks at a different side of the relationship between community participation and health in times of crisis. The first project studies the Jardim Pantanal community, a flood-prone territory in the eastern zone of the city. It examines how social learning, community mobilization and social movements shape collective responses to extreme climate events and their health impacts, framed by climate justice and environmental racism. The second project works with family farmers organized in the Greater São Paulo Regional of the Landless Workers' Movement (MST). It assesses the relationship between food production, food consumption and perceptions of healthy eating, with food and nutrition security and food sovereignty treated as key parts of health. The third project focuses on the Jardim Colombo favela in the western zone of São Paulo during the COVID-19 pandemic. It uses audiovisual testimonies to explore how women sustained networks of care and solidarity, and how communities can tell their own stories against hegemonic and stereotyped narratives.

Despite their different objects and methods, the three studies share several commitments. Each adopts participatory, mixed-methods or community-engaged designs. Each recognizes social movements, community leaders and residents as holders of legitimate knowledge. Each aims to return its findings to the territories involved, through recommendation booklets, educational initiatives or audiovisual archives. The panel also warns against romanticizing community "resilience," which can be used to shift onto communities responsibilities that belong to the state.

By putting these three experiences side by side, the panel aims to contribute to international debates on the role of community research during health crises. It offers lessons from São Paulo on the possibilities, tensions and limits of producing knowledge with, and not merely about, communities.

Panel B – Community Research and Community Health

Wednesday, 18 November 2026, 12:00–13:30, Gesundheitscampus · Chair: Markus Höhne · Roundtable discussant: Anne-Emanuelle Birn

Community Research & Community Oriented Health Care

Silke Betscher Community Health Lab Hamburg and University of Applied Sciences Hamburg, Germany

Jonas Fiedler Community health centre 'Poliklinik Veddel', Hamburg Germany

In the Hamburg district of Veddel, which is characterised by migration, poverty and a vibrant neighbourhood, health activists established the community health centre 'Poliklinik Veddel' in 2017 with the aim of developing new forms of multi-professional care in Germany in and with the neighbourhood. In 2022/23, the Community Health Survey Veddel was carried out in collaboration with local residents as a participatory, quantitative, comprehensive survey of mental and physcial health as well as their underlying Social determinants and people‘s ressources. Building on the structures developed, the Veddel Community Health Lab was established as a collaboration between the Poliklinik, the neighbourhood and the University of Applied Sciences (HAW Hamburg). The aim is to create sustainable structures for collaborative research and participatory and emancipatory educational spaces for community engagement. In addition to developing spokesperson roles (Freire, breaking the silence, etc.), in the last two years we focused on establishing concrete channels of communication and links between the complex polyclinic structure and community research: How do research findings feed back into the individual departments and enrich perspectives there? How can the needs that become apparent in healthcare provision be incorporated into research development? How can links between the neighbourhood and the district health centre be systematically expanded so that spaces for exchange can emerge?

With this presentation we will introduce our work and discuss how the model of community-oriented primary care (Geiger et al. 2002) can be transformed into a lively implemented structure. In doing so, we will highlight not only the successes but also the challenges arising from a wide variety of needs, specific requirements and the inherent dynamics of collaboration.

Rethinking Pandemic Preparedness: Critical infrastructures for whom – and with whom?

Iris Dzudzek & Theresa Martens, Institute for Critical Urban Geography, University of Münster, Germany

In Germany, pandemic preparedness has increasingly focused on protecting critical infrastructures and maintaining system continuity during crises. During the COVID-19 pandemic, this system-centred understanding of security was reflected in a largely top-down approach to pandemic governance, shaped by epidemiological expertise and institutional priorities. Yet what counts as critical infrastructure, whose lives are considered worthy of protection, and whose vulnerabilities remain overlooked? Drawing on feminist perspectives on care and infrastructure, this presentation examines these questions from the perspective of Gießen Nordstadt, a socio-economically disadvantaged neighbourhood in Germany. Based on community-based research with community researchers, it explores how pandemic protection was experienced and organised in everyday life.

Building on feminist understandings of infrastructure, the presentation challenges a system-centred understanding of infrastructural security. Rather than taking system continuity as the primary measure of protection, it asks how racialised inequalities and political priorities shape which lives and infrastructures are protected. Building on this, the presentation sketches infrastructures of care as community-based affirmative biopolitics.

From global climate crisis to individual and community health: how participatory approaches make planetary health tangible

Sandra Parisi, Department of Health Sciences, Fulda University of Applied Sciences, Germany

Climate change poses increasingly urgent challenges to individual and community health. However, its health impacts are often communicated through abstract indicators, such as heat-related mortality rates or modelling studies, which may be difficult to relate to and do not necessarily reflect people's

lived experiences. Participatory approaches can contribute to assessments of climate-related health impacts that reflect local realities and priorities. Storytelling and participatory visual methods can further strengthen climate-health communication by making scientific evidence more tangible and relevant to communities, decision-makers and the public.

This presentation draws on experiences from Corazón en acción, a participatory action research project conducted in a Chagas-endemic region of Bolivia, initially focusing on cardiovascular health and healthcare provision. During the project, the relevance of extreme weather events and other climate-related challenges for individual and community health became increasingly apparent. The project highlighted the need for systematic approaches to assess climate change impacts on health while incorporating local knowledge and lived experiences. Building on these experiences, the PHIT (Planetary Health Impact Toolbox) project aims to develop, validate and disseminate an openly accessible participatory mixed-methods toolbox. Its objectives are to systematically map existing quantitative, qualitative and participatory tools, synthesize evidence to identify key health, social and health system dimensions, and co-develop and refine survey items and complementary participatory and visual methods together with key stakeholders and affected communities. The toolbox will be validated in two culturally distinct settings: Bolivia and Tanzania. Drawing on both projects, the presentation explores how participatory approaches can connect global climate change with individual and community health and make Planetary Health more tangible and actionable.

Panel C – Mobilisation, Hope and Methodology

Wednesday, 18 November 2026, 14:30–16:00, Gesundheitscampus · Chair: Mihiretu Kebede · Roundtable discussant: Taye Gari

Making up neighborhoods – Methodological challenges in researching children's and youth's neighborhood perceptions

Amand Führer & Larissa Chandra Martin-Luther-University Halle Saale, Germany

This presentation explores how neighborhoods are construed as determinants of children's and youth's health in public health research and the methodological issues that accompany this process.

Research in social epidemiology consistently shows strong associations between children's and youth's place of living and their health outcomes. In these analyses, neighborhood is usually defined by administrative spatial categories, such as ZIP code or district. While there is already a comprehensive methodological debate concerning the problems of such an approach (such as misclassification bias), the discussion concerning potential solutions for these problems is much less developed.

Therefore, in this presentation we aim to present how children's and youth's perspectives of their neighborhood throughout their childhood and youth continuously shape the way they define their neighborhood. We explore how qualitative approaches towards understanding children's and youth's definitions of their neighborhood can be of value to research trying to investigate and explicate interlinks between neighborhoods and health. We argue that research on geographic disparities in health should more routinely take a qualitative understanding of neighborhood as starting point and should aim to explore participants' spatial imaginations of belonging beyond administrative categories.

To that end, we share insights and learnings from our own research with children and youth, and interactively try out (participatory) methods for the exploration of children's and youth's lived and imagined neighborhood spaces.

Ege Miir – How Women Choose to Heal: Transforming Maternal Health in Arbore, Southern Ethiopia

Echi Gabbert Planetary Neighbourhood e.V. Göttingen, Germany

In Arbore/Hor, Southern Ethiopia, women make daily decisions about how they live through pregnancy, childbirth and illness. These experiences are embedded in community relations of care and mutual support. Yet, when complications arise, safe and culturally appropriate healthcare is often unavailable.
With *Ege Miir – How Women Choose to Heal*, the Hor Peoples Development Association and the Global Neighbourhood Initiative are working towards a community-centred transformation of public maternal health facilities. The project brings traditional and biomedical healthcare practices into dialogue. Women are at the centre with their experiences and decisions about birth, motherhood, illness and healing. As Indigenous knowledge holders, people of Hor shape the rebuilding of healing spaces together with healthcare practitioners and researchers.
The transformation of the Arbore health centre is also a starting point for transforming methodologies and practices in research, healthcare and international cooperation. Rather than bringing predefined solutions to a community, the project creates conditions for Indigenous knowledge, pastoralist livelihoods, clinical expertise and different understandings of health to inform one another.
By translating community-rooted experiences into practice, the project explores pathways towards more dignified and decolonial global health approaches.

Organizing Care amid State Carelessness: Community Advocacy and Informal Infrastructures of Support for Migrant Agricultural Workers in Ontario during COVID-19

Krizia Erika Paylago & Stephanie Mayell University of Toronto, Canada (participating digitally)

The COVID-19 pandemic exposed and intensified longstanding vulnerabilities in Canada's agri-food sector, where migrant agricultural workers (MAWs) have long been rendered simultaneously essential and disposable. Focusing on the province of Ontario, this presentation examines how community advocates and organizers assumed responsibility for providing care to MAWs during the pandemic within a broader context of state carelessness. We ask: What practices of care did advocates undertake, how were responsibilities for care distributed, and what tensions emerged? Drawing on qualitative interviews with advocates and organizers, we examine the provision of material, informational, and emotional support. We situate these practices within the federal Migrant Worker Support Program, a government program that expanded funded assistance while partially co-opting advocates' labour into a fragmented and insufficient care regime. Bringing Joan Tronto's "political ethics of care" into conversation with The Care Collective's notion of the "careless state," we argue that advocates' practices constituted informal infrastructures of care that both compensated for and contested systemic carelessness. These infrastructures helped sustain workers without transforming the structural conditions producing their precarity. The presentation thus considers the political possibilities and limits of community-based care when responsibility for addressing systemic carelessness falls to advocates and organizers.

Impulse and Wrap-up

Wednesday, 18 November 2026, 17:00–18:00, Ko-Fabrik · Moderation: Silke Betscher · Closing session / wrap-up: Iris Dzudzek

Media-ethnographic community perspectives on Covid-19

Cora Bender University of Cologne, Germany **& Christiane Falge** University of Applied Sciences Bochum, Germany

Public health often describes migrant and marginalised communities as “hard to reach”. Drawing on a media-ethnographic community research project in Bochum-Hustadt, this paper reverses that perspective and asks how residents navigated the Covid-19 pandemic when institutions proved hard to reach. Funded by the NRW Centre for Health (LZG NRW) and conducted from October 2022 to January 2023 in cooperation with the SMAPL network and the University of Cologne, the project combined the community researcher approach of the Stadtteillabor Bochum with media ethnography. Amidst the pandemic, in the winter of 2022/23, 16 students and 10 community researchers produced four films and five podcasts on residents’ pandemic experiences.

Following Henrik Vigh, we understand crisis not as an exception but as context: for many residents, uncertainty was the normal state long before the pandemic. Our findings show how people navigated this terrain, individually and collectively. Multilingual YouTube channels replaced official information, home remedies and cleaning became ways of countering powerlessness, and everyday solidarity across lines of origin formed local counter-structures. Media ethnography thus became a method of empowerment: producing films and podcasts opened a space for residents to process their experiences and to make their voices heard. Two short film excerpts will illustrate this. Connecting to Anne-Emanuelle Birn’s notion of creative perseverance, we trace how such counter-structures grew from the City Lab (2016) into the Community Health Centre Querenburg and an association building solidarity-based care. Finally, we also reflect self-critically on our research design of collaborative student-community researcher interaction and conclude with lessons for future health crises.

Panel D – Health Crises, Migration and Justice

Thursday, 19 November 2026, 10:15–11:30, Gesundheitscampus · Chair: Gabriella Elgenius · Roundtable discussant: Simon Pemberton

From a health crisis to a crisis of migrant justice: reflections on the organizing practices of precarious migrant workers

Mylène Fauvel, Department of Social Work, Université du Québec en Outaouais (UQO), Canada · **Cheolki Yoon**, School of Social Communication, Saint-Paul University, Canada

In Quebec, as elsewhere, the COVID-19 pandemic revealed how precarious migratory status and economic insecurity increased vulnerability. Many migrants faced higher exposure to infection and limited access to public support, while also receiving heightened attention for both their harsh conditions and their ongoing contributions to "essential" services, including healthcare. In this context, organizations such as the Immigrant Workers Centre (IWC) quickly became key partners for public health authorities: they helped to clarify migrant workers' needs, improve outreach, and highlight where some health guidelines were ineffective.

Although some statements suggested that the post-crisis context might lead to the stabilization of working and living conditions for migrants, by 2023, public and political discourse in Canada and Quebec shifted sharply. Rapid growth in temporary status migrants (temporary foreign workers, international students, asylum seekers) was first questioned, then portrayed as a main driver of multiple social problems, notably the housing crisis and pressure on public services. Following this

framing, the federal and provincial governments further restricted access to work or study permit, permanent residence, and certain services, aiming to reduce temporary migrants and new permanent immigrants. Hundreds of thousands who came to build stable lives encountered institutional barriers more severe and complex than in recent decades and faced negative local attitudes.

Using concrete examples, this presentation argues that while the public health crisis is over, precarious migrant workers now face a migrant justice crisis. Drawing on observations from the Quebec IWC, the research examines migrant workers' experiences in this changing landscape, as well as their collective responses. The following questions will be posed: 1) What are the salient characteristics of the migrant justice crisis in Canada/Quebec, and what are its implications for public health? 2) What are the main consequences for migrant workers' lives, especially with regard to their physical and mental health? And 3) How do migrant workers collectively adapt and respond with support from community organizations? Lastly, we would ask ourselves what posture and strategy would be most appropriate for researchers working on these issues, from a perspective of mutual benefit.

Philanthrocapitalism and responses to health emergencies in the Global South: parallels between HIV/AIDS and COVID-19 crises

Luiza Witzel Farias, University of São Paulo, Brazil, and Brazil Institute, King's College London, United Kingdom

Philanthrocapitalism is an emerging form of philanthropy in the 21st century, based on the integration of market methods and philanthropy. Most research on this type of philanthropy has focused on the Gates Foundation’s actions in international organisations or in the Global North. Philanthrocapitalism is a funding model aimed at solving development problems; however, its processes and effects in low- and middle-income countries are still understudied. This study focuses on how philanthrocapitalism crossed responses to health emergencies developed in the Global South, especially in made-marginalised communities. The analysis is based on two case studies conducted in the Paraisópolis Complex, one of the largest groups of favelas in Brazil, and a review of case studies conducted by other researchers in Sub-Saharan Africa and India. These studies refer to responses to COVID-19 and HIV/AIDS, respectively. In Brasil, the community response to COVID-19 developed in the favela of Jardim Colombo was crossed by traditional philanthropy, whilst the response developed in the favela of Paraisópolis was crossed by philanthrocapitalism. In Sub-Saharan Africa, celebrities’ campaigns based on philanthrocapitalism and political consumption were able to frame part of the response to the HIV/AIDS epidemic in the early 2000s. In India, the Ahavan Initiative worked with sex worker-run community-based organisations during the same epidemic and period. This study focuses on three main points of these experiences: the processes implemented by philanthrocapitalism locally and the differences from traditional philanthropy; its effects on the wellbeing of made-marginalised groups, such as women and LGBT+ communities in the Global South; and how it supported the creation of new agendas and social policies in each region.

Panel E – Intersectionality and Reproductive Justice

Thursday, 19 November 2026, 11:45–13:00, Gesundheitscampus · Chair: Claire Bullen · Roundtable discussant: Nataliya Makarova

From Research to Intervention: Community Research in Migrant Maternity Care

Lisa Goodson, Marisol Reyes-Soto, Sarah Taal & Felicha Downie-Brown, University of Birmingham and Community Interest Research Centre (CIRC), Birmingham, United Kingdom

Health crises are often framed as acute or exceptional events. However, for many migrant women, pregnancy and early motherhood are experienced as an ongoing condition shaped by immigration governance, welfare exclusion and unequal access to care. In the UK context, this crisis is not episodic but produced through the intersection of immigration policy, welfare restrictions and healthcare practices, which together shape unequal conditions of access to care. Migrant maternity provides a lens through which this wider health crisis becomes visible, particularly in the ways legal status and administrative processes shape everyday experiences of pregnancy and early motherhood. This paper argues that community research (CR) has a critical role not only in evidencing these conditions, but in shaping how health systems respond to them.

Drawing on the Migrant Maternity Community Research project in Birmingham (UK), this paper presents findings from 54 narrative interviews conducted by trained CRs with women across the immigration status continuum, including those subject to No Recourse to Public Funds (NRPF), asylum seekers and refugees. The analysis shows how immigration governance operates as a structural determinant of health, shaping everyday experiences of pregnancy through processes of administrative exclusion, creating conditions of insecurity that extend across the maternity pathway and are experienced in embodied ways. In doing so, the paper applies the Legal Status–Social Determinants of Health framework to lived maternal health, demonstrating how legal status functions as a central axis of stratification, influencing access to care, wider social conditions and maternal health outcomes. The paper then turns to process, examining how participatory and co-productive approaches were used to move this work beyond research findings and into practice. Through a series of iterative engagements, including Forum Theatre with healthcare professionals, co-production workshops, collaborative sessions with medical students, and wider dialogue-based events, CRs worked alongside academics and practitioners to translate research insights into a Migrant Maternity Toolkit for superdiverse settings.

This work has culminated in a co-produced Maternity Charter, developed through these creative methods, to support culturally safe practice in diverse healthcare settings. In this process, CRs contributed not only to data collection, but to analysis, facilitation and the development of practice-focused outputs. This begins to shift how knowledge is produced and used within health research and practice, challenging conventional assumptions about where expertise sits. In the UK context, while community research is increasingly recognised, it is still rarely embedded in the design and delivery of health services. The approach outlined in this paper demonstrates how co-production can function as a form of intervention, creating structured opportunities for lived experience to shape service development in real time. Overall, the paper argues that community research can play a more direct role in shaping responses to health inequality, not only by generating insight, but by contributing to the development of practice within health systems.

Methodological challenges of participatory research on obstetric violence with communities of health practitioners

Ruth Iguiñiz-Romero School of Public Health and Administration, Universidad Peruana Cayetano Heredia, Peru

This presentation will explore the emergence of the concept of obstetric violence and the methodological opportunities and limitations it presents for conducting gender and health equity research in community health.

Social scientists have documented and typified cases of obstetric violence to highlight the issue and secure its recognition within legal frameworks. Grounded in this literature, the World Health Organization (WHO) acknowledged in 2014 that "many women across the globe experience

disrespectful, abusive or neglectful treatment during childbirth in facilities." Despite these statements, there remains a significant gap in research regarding the role that health personnel and systems play in perpetuating obstetric violence.

Few medical professionals recognize their own behaviors or medical practices as violent or avoidable, largely because health facilities were built on hierarchized structures and perceived "technical" or scientific supremacy. This lack of self-reflection, compounded by the sensitivity of the topic and the fear of legal or disciplinary repercussions, often makes practitioners reluctant to engage in qualitative studies exploring their own work environments.

Drawing on my research experience conducting qualitative semi-structured interviews in Lima, Peru, I will share key insights and the methodological challenges inherent in involving health professionals as active participants and key research subjects in the study of violence.

Dialogical Closing Keynote: Dialoguing across disciplines for health justice

Thursday, 19 November 2026, 18:00–19:00, Ko-Fabrik · Moderation: Prof. Dr. Franziska Satzinger

Rather than two consecutive lectures, the closing keynote takes the form of a conversation between Prof. Dr. Deisy Ventura and Prof. Dr. Anne-Emanuelle Birn. The two contributions below are the starting points for this conversation.

Community health-inspired resistance to the global/local order: Reflections on health justice struggles across the 20th-century Americas and beyond

Prof. Dr. Anne-Emanuelle Birn, University of Toronto, Canada

Tempting as it is to argue that we live in the most brutal of times without precedent (and of course, by definition every era is unique), this talk seeks to defy such despair by exploring a range of local–global health justice struggles over the past century, with the aim of providing perspective, courage and inspiration for the present moment. The talk will trace a series of struggles of health justice activists, from the "comrades in health" of the 1920s and 1930s to early 21st-century health advocacy resistance against pharmaceutical profiteering and plunderous extractivism.

We begin with North American health worker solidarity, spanning African-American ambulance drivers, left-wing physicians and immigrant factory workers retrained as medics, with the republican forces resisting Franco's fascism during the Spanish Civil War. Next, we turn to Cold War struggles by social medicine-oriented health officials and personnel from across Latin America who leveraged their involvement in local health with their transnational connections to build counter-hegemonic spaces for health resistance against oppressive regimes, along the way garnering support from international health agencies. Then, we turn to more recent health and community mobilisations against pharmaceutical and philanthrocapitalist profiteering in Brazil and resistance to (the health impact of) mining in Indigenous territories in the Andes.

Across these episodes, we reflect historically on how creative perseverance, the forging of alternative alliances and spaces, and ongoing solidarity among and between local and global health comrades can offer encouragement, hope and energies for struggles ahead.

Social mobilization during the Covid-19 pandemic in Jardim Colombo (Paraisópolis Complex, São Paulo): policymaking levers for addressing public health emergencies in Brazil

Prof. Dr. Deisy Ventura, Faculdade de Saúde Pública, Universidade de São Paulo, Brazil (participating digitally)

Across countries, peripheral communities mobilised to address the Covid-19 pandemic. As part of an international research project investigating six cases of Covid-19 response in peripheralised settings across four countries, this talk presents the community mobilisation in Jardim Colombo (Paraisópolis Complex, São Paulo) as a policymaking lever regarding public health emergency (PHE) responses.

Through exploratory interviews, participant observation and audiovisual workshops, the research produced findings along three dimensions: state–community relations, food and nutrition, and Covid-19 memory. Drawing on this experience, several proposals were incorporated into a draft National Policy for Addressing Public Health Emergencies submitted to a Working Group of Brazil's Ministry of Health. Finally, the authors call for the establishment of dedicated funding lines for research on good practices emerging from peripheral communities' responses to PHEs.