

The concept of decolonization is not new.¹ Over the past several years, the concept of decolonisation has been used to critically examine the field of global health and development. As global health evolved, it has attempted to shed the colonial roots of its predecessors – tropical medicine and international health.² In particular, tropical medicine was established as an effort to protect colonial interests through tackling infectious diseases in the colonies.³ However, evidence indicates that some of the concepts that shaped tropical medicine continue in the scholarship, institutions, and leadership of global health and development.^{4,5}



Because decolonising global health looks different in different contexts, it has no single concrete definition or stated goal yet. However, the emerging decolonisation movement articulates several aims, many of which are relevant to the work done by Sida. For example, one key decolonisation aim is to address power imbalances on all levels. This can then allow for more collaborative processes that better utilize local expertise to achieve the agency's goals.

This newsletter issue showcases five publications from a growing list of publications that illustrate how decolonisation is being interpreted and applied in the field of global health and development. In addition, this [podcast](#), provides reflections on the decolonising global health movement by three panellists from Ghana, the Philippines, and Sudan.

[Forbes: Decolonizing Global Health: A Moment to Reflect on a Movement](#)

A few years after the term “decolonizing global health” became more mainstreamed, this blog offered reflections on the movement by ten thinkers in global health. Importantly, this article addresses the need to distinguish between diversity and inclusion efforts and decolonization efforts, as well as insights for how to do so.

[The Lancet: Will global health survive its decolonisation?](#)

Seye Abimbola and Madhukar Pai reflect on the growing calls to decolonise global health. They ask the reader to consider: What would success look like? And,

“I don't think it is possible or advisable to see 'decolonising global health' as one movement. It is such a complex mission, a complex term; in fact, a combination of terms, each with several moving parts 'decolonising' and 'global health' that it is impossible for people who use them to mean one or the same thing. I hope we can be comfortable with that.”

– Seye Abimbola”

if successful, will global health survive its decolonisation? They imagine a future in which global health is decolonised within countries, between countries, and at a global level. In their view, such a future would see academic institutions in the Global South wielding as much influence as – and are no longer dependent on – those in the Global North. Global health organizations would have reoriented their operations to be guided by and accountable to the people they serve. Global health practitioners in high-income countries would ally with and enable the progress of the historically marginalized.

[BMJ Global Health: The implicit ideological function of the global health field and its role in maintaining relations of power](#)

Hani Kim, previously with The Bill and Melinda Gates Foundation, argues that, in an unequal society, “every social domain” is pressured to legitimise the existing social order. The same holds true for the field of global health and development. Throughout history and

1. Decolonization: Indigeneity, education & society. Vol. 1 No. 1 [2012]. URL: <https://jps.library.utoronto.ca/index.php/des/issue/view/1234>

2. Kim, H., 2021. The implicit ideological function of the global health field and its role in maintaining relations of power. *BMJ Global Health*, 6(4), p.e005620.

3. Kim, H., 2021. The implicit ideological function of the global health field and its role in maintaining relations of power. *BMJ Global Health*, 6(4), p.e005620.

4. Abdalla, S.M., Solomon, H., Trinquart, L. and Galea, S., 2020. What is considered as global health scholarship? A meta-knowledge analysis of global health journals and definitions. *BMJ global health*, 5(10), p.e002884.

5. 2020 Global Health 50/50 Report: Power, privilege & priorities. URL: <https://globalhealth5050.org/2020report/>

regardless of its explicit goal of improving population health, global health has, at an implicit level, actively served existing power structures. This implicit function of global health is kept hidden and thus avoids critique, even though it actively obstructs the elimination of global health inequities. After all, if the implicit function of global health is to preserve the currently unequal distribution of wealth and power globally, how will the explicit goal of global health – to further population health and health equity – ever be achieved?



Kim writes that global health programmes perform this implicit function in two ways. First, they provide an avenue for global elites to discipline and control those they deem non-elites, including people or even countries. This is rooted in an assumed sense of racial, intellectual, or cultural superiority among the global elites, and it can be traced back to racialised practices of “civilizing” the people of colonised nations in the 19th century. The second way the implicit function of the field operates is that global health work is viewed as “charity” and thus creates a sense of relief and/or redemption among the global elites. Kim argues that the implicit role of ideology in global health should be made more visible, as doing so would spark innovative ideas, chart new directions, and cultivate new allies for collective action.

BMJ Global Health: Decolonising global health in 2021: a roadmap to move from rhetoric to reform

Mishal Khan and co-authors are a group of global health practitioners from different backgrounds who offer reflections on institutionalised power imbalances. Based on their experiences in the sector, they offer a roadmap for practitioners to decolonise global health in three steps:

- 1. Step one:** Identify specific ways in which global health organisations contribute to maintaining unequal relationships.
- 2. Step two:** Publish a clear list of actions required to decolonise global health practices. This list will enable organisations that are committed to decolonising to act on the decolonisation agenda in a coordinated way.
- 3. Step three:** Linked to the actions identified, develop tools to track and share the progress of said organisations.

To achieve these three steps, the authors call for an Action to Decolonise Global Health (ActDGH) and welcome collaboration and contribution to the collective via their [website](#).

Time to decolonise aid. Insights and lessons from a global consultation. London: Peace Direct, 2021

In November 2020, Peace Direct, Adeso, the Alliance for Peacebuilding, and Women of Color Advancing Peace and Security held a consultation and produced a report with activists, decision-makers, academics, journalists, and practitioners across the globe.

The report provides examples of how structural racism corrupts international aid. For instance, it explains how staff employed in the Global South do not receive the same benefits and salaries as their Global North counterparts. It also points out that the skills and experiences of Global South practitioners are systematically undervalued compared to those in the Global North. The report also highlights that programme design and research agendas are rooted in the values and knowledge systems of the Global North/the West. This sets up a dynamic whereby the values and knowledge system common in the Global South are viewed as deficient by default, despite the critical insight they would bring.

The report concludes with recommendations to remedy this corruption and imbalance, from acknowledging that problems like structural racism exist to incentivizing donors to hire staff in the Global South and increase the diversity of staff in the Global North.

