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## Undoing supremacy in global health will require more than decolonisation

I read with interest Seye Abimbola and Madhukar Pai's Perspective.<sup>1</sup> It provides an enlightening and hopeful vision of decolonised global health detangled from supremacy in its many forms. However, it left me feeling that the vast mark that colonisation has left on society, politics, and system hierarchy within low-income and middle-income countries (LMICs) has been less considered. Without paying due consideration to the challenges of supremacy and oppression within LMICs, we cannot realistically equalise global health and progress to ensure that it upholds health equity and social justice.

Globally, we observe how rich academics in high-income countries (HICs), particularly from the UK and USA, tend to get richer. For example, the ways in which global health funding and publication are dominated by prominent academics and high-income prestigious institutions mean that worthy work can be dismissed when teams are less valued. Importantly, many individuals from LMICs who are valuable

in directing global health endeavours do not have the opportunities or training to prove why or how they are valuable in meaningful ways to academia. Under some circumstances, they can be actively oppressed.

There is a refusal to learn from local populations, especially those from the margins of society, and ethnic superiority exists within societal, political, and academic structures in both HICs and LMICs, which is rising amid right-wing conservatism in some settings. How do we effectively empower valuable leaders to push forward necessary global health measures when they are restricted from the outset?

Colonisation has left a pervasive mark. Its legacy in LMICs still needs to be unpicked. Creating truly equitable global health must involve diverse groups of people who view challenges through differing lenses from their backgrounds, lived experiences, and skills, and who have wider, inclusive visions that do not focus on individual career success and are not at the mercy of prescribed academic agendas in HICs.

I declare no competing interests.

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- 1 Abimbola S, Pai M. Will global health survive its decolonisation? *Lancet* 2020; **396**: 1627–28.

Seye Abimbola and Madhukar Pai<sup>1</sup> describe eloquently how, for historical reasons, global health is operationalised as a saviourism model. To redress the balance of power between saviour and saved, they envision a utopic global health fuelled by respect and humility, and motivated by an adherence to values based on rights, equity, and justice.

Unfortunately, the disciplines that dominate global health attend to the causes of and solutions to disease endpoints on the health and wellbeing spectrum. Such disciplines have not engaged adequately with a crucial understanding of the sociostructural

production of health or with the political arguments based on myriad values that fall outside of the traditional medical and health sciences. It is impossible to decolonise global health if crucial geopolitical analyses, and the impact on relationships between high-income countries (HICs) and low-income and middle-income countries (LMICs), remain chronically marginalised.

Additionally, decolonising global health extends beyond relations between LMICs and HICs; it is also about the relationships within them. Decolonisation is fundamentally about redressing inequity and power imbalance. It cannot be achieved without also addressing gender inequity, racism, and other forms of structural violence. The colonised also have to be at least as reflective about the status quo as the colonisers. This mindset goes beyond engagement and participation between HICs and LMICs, to disrupting the norms of dependency within LMICs that enable the inequities and replicate the hierarchies of neocolonialism. In real terms, LMICs must confront their own internal power relations inherent in the discourse of immutable culture, which protect cronyism, tribalism, poor governance, and patriarchy.

Ultimately, a decolonised global health can only exist within a broader geopolitical and economic environment that supports rights, equity, and justice.

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### Authors' reply

We thank Keerti Gedela as well as Pascale Allotey and Daniel Reidpath for their responses to our Perspective on decolonising global health.<sup>1</sup> We welcome and completely agree with the points they highlighted for additional emphasis: greater