Evidence of Impact: Case Study 1

Shifting Power in Global Health: Creating partnerships to put decoloniality into practice

THE WORLD'S **62** RICHEST PEOPLE OWN THE SAME WEALTH AS THE 3.6 BILLION POOREST PEOPLE*

* Source: Oxfam America

Challenge

Unequal and exploitative colonial relationships are a major barrier to equitable, sustainable development. Yet there is scarce practical guidance to unpack "how" to go about decolonising global health and create programmes and practices that demonstrate decoloniality in action.

Actions

Create an evidence base on the health impact of colonialism and coloniality.

Develop a network of academics, policymakers, funders, and civil society actors to identify policy actions that are inclusive and consistent with principles of social justice.

Result

An equitable and representative programme of work with health practitioners from the Global South and North, exploring the concept and impacts of colonialism and coloniality and generating evidence to correct power imbalances and promote health equity.

Moving Forward

Develop new ways to embed anti-colonialism and decoloniality in global health policy and practice.

Challenge

Coloniality, the persistence of power structures and asymmetries rooted in centuries of colonialism, is a complex and multifaceted phenomenon that thwarts progress in global health, including in research and policy development. In most situations, people from high-income countries set the research agenda, obtain the funding, design and conduct the studies, present the findings at conferences, and publish them in English in journals that are often unavailable or unaffordable to policymakers and implementers in the Global South. Furthermore, contemporary forms of colonialism not only generate illness and health inequalities within and between countries, but also undermine the equitable and effective functioning of the global health system itself.

Decolonising global health thus demands that knowledge and perspectives from the Global South are better recognised and valued in research and policymaking, and that actors from the Global South can set and implement their own research and policy agendas and influence global health policy and practice on an equal footing with those from the Global North. Additionally, it calls for the global health community to challenge contemporary forms of colonialism that reproduce and accentuate social and health inequalities across the globe.

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Actions

Based in Malaysia, UNU-IIGH supports a process of decolonisation that involves shifting power equitably and encouraging forms of global health practice better tailored to the needs and contexts of LMICs and marginalised and exploited populations everywhere. It has set out a programme of work which moves from theorising about colonialism and coloniality to catalysing action.

Using its role as an independent convenor, UNU-IIGH has co-designed and co-produced initiatives with Global South partners to generate evidence that is inclusive and reflective of the voices and priorities of the most affected people and regions and which can be harnessed to benefit policy and practice.

For example, building on a meeting about the "Future of Aid" in 2020[1], UNU-IIGH hosted a set of three regional dialogues in a series entitled "Shifting Power in Global Health: Decolonising Discourses"[2], co-convened with Wilton Park and Development Reimagined. With participants from 31 countries, of whom 65 percent were from the Global South, the series was designed purposefully to build a network of policymakers, practitioners and academics to develop practical steps to shift the power dynamic.

Subsequently, UNU-IIGH launched a dedicated programme of work on Decolonising Global Health in September 2022.

Results

UNU-IIGH's work on decolonising global health involves conducting rigorous research and analysis; producing critical think pieces about coloniality, colonialism and global health; creating opportunities for debate and dialogue; and catalysing policy change. Key results include:

✓ Conceptual developments to unpack the relationships between colonialism, coloniality and global health across three intersecting dimensions: colonialism within global health; the colonisation of global health; and colonialism through global health.

✓ Regular production of a monthly newsletter to promote work on decolonising global health.

✓ Publication of a briefing paper on how global university rankings inequalities, distort policies, and enable commercial exploitation within the globalised higher education sector.

✓ Establishment of an Independent Expert Group to develop recommendations for policymakers and practitioners to minimise the harms of global university rankings.

✓ Initiation of Catalysing Policy Improvement in Africa (CPIA), a project aimed at improving maternal, newborn, sexual and reproductive health policies in Burkina Faso, Mozambique, Senegal, Tanzania and Uganda. Working with the West Africa Health Organisation, Universidade Eduardo Mondlane in Mozambique, Ifakara Health Institute in Tanzania and Makerere University School of Public Health in Uganda, CPIA works in an explicitly decolonial manner by emphasising national leadership and working in concert with local systems and institutions.

✓ Publication of several op-eds and commentaries in major public health outlets, including the Lancet and British Medical Journal.

Moving forward

UNU-IIGH will continue its current portfolio of activities and expand the work by developing a programme of work to identify, monitor and correct power asymmetries and accountability deficits across the global health system.

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