Decolonizing Global Health

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8 September 2020
COVID-19 has amplified pre-existing conversations on the need to decolonize global health.
In low- and lower-middle income countries, donor share of health spending has increased over the past two decades.

Donor funding creates a fraught power dynamic whose reach extends beyond the health sector.

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<th>Stages</th>
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<th>Financial Resources [control of resource allocation, including time frame of resource availability]</th>
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<td>• Donors select which health areas are provided funding for, thereby setting agenda</td>
<td>• Donors have greater proficiency in using data from surveys/studies to develop policies</td>
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<td>• Potential trade or travel restrictions (Pakistan)</td>
<td>• Donors prioritize which research or surveys they fund to provide the evidence base to inform agenda setting (Cambodia and Pakistan)</td>
<td>• Donors can commission surveys/studies to fill knowledge gaps</td>
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<td>Policy Formulation</td>
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<td>• Donors set (M&amp;E) targets which must be met to receive funding (Pakistan)</td>
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Source:
The generation of scientific knowledge has long been corrupted by imbalances of power.

A few examples:
- Tuskegee Experiment (1932)
- Henrietta Lacks (1951)
- Pfizer Trovan trials in Nigeria (1996)
- Placebo-controlled trials of AZT to prevent perinatal HIV transmission (late 1990s)
and many more...

Read:


At the institutional level, these imbalances – and the underlying racism that drives them—are further reflected and reinforced.

Sources:
Racism does not only distort global health responses, but also shapes the trajectory of global health crises, such as TB.

Source:
By the early 1900s, TB was a leading cause of death in Europe, but was rare in southern Africa—until the arrival of British-owned gold mines.

Sources:

Figure 1. Incidence of tuberculosis by category of silicosis. The category of silicosis refers to the nodule profusion (8). For example, Category 2 refers to subjects whose initial chest radiographs were read as 2/1, 2/2, or 2/3 nodule profusion. All of the subjects with silicosis had chronic silicosis.
By recruiting migrant labor from neighboring countries, the mining industry externalized the toll of TB, spreading it across the region.

“the Government Doctors here [in Lesotho] complain of the bad state of health in which the Basuto are sent back from Johannesburg; they say in some cases they are unfit for travel, and when they come here have to go into hospital and die or have to be kept for months. They say that the mines should bear the expense.”
- Native Recruiting Corporation

Sources:
Due to the economic weight of the mining industry, its exploitative dynamics continue to this day.

“The mining of gold is of supreme importance to the South African apartheid economy - this is the position today, as it has been for the past 100 years...The mining industry absorbs some 700,000 workers, and of these over 90 per cent are black and over 60 per cent employed on the Witwatersrand-Orange Free State gold mining complex.

Contributing some 18 per cent of South Africa’s gross domestic product and financing well over one-half of the country’s imports in 1980, gold production is, as it has been, the principal engine of overall economic growth and the dominating force shaping the dualistic structure of the-apartheid economy and its unique system of labour organization and control.”

-- Vella Pillay, United Nations Centre against Apartheid; 1980

In 2018, the first ever class-action lawsuit by miners for silicosis and TB —which was made possible by a Constitutional Court appeal launched by former miner Thembekile Mankayi— concluded with a a $400 million settlement.

As of July 2020, no miners had received their payments.

Sources:
Similar examples of the intersections between economics, politics and health exist across the world. The harmful impact of racism on health is universal.

Decolonization of global health cannot be sector-specific: it requires a wider, intersectional confrontation of oppressive systems.