

# Reimagining Global Health

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## Content warning

We are here because things are not OK with the world and we seek to reimagine a better global health that works for all, not just some

This course will cover difficult topics & themes, as it should

# My privilege & positionality

## Double Agents In Global Health

Madhukar Pai Contributor @

*I write about global health, infectious diseases, and equity*

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Feb 6, 2022, 02:26pm EST

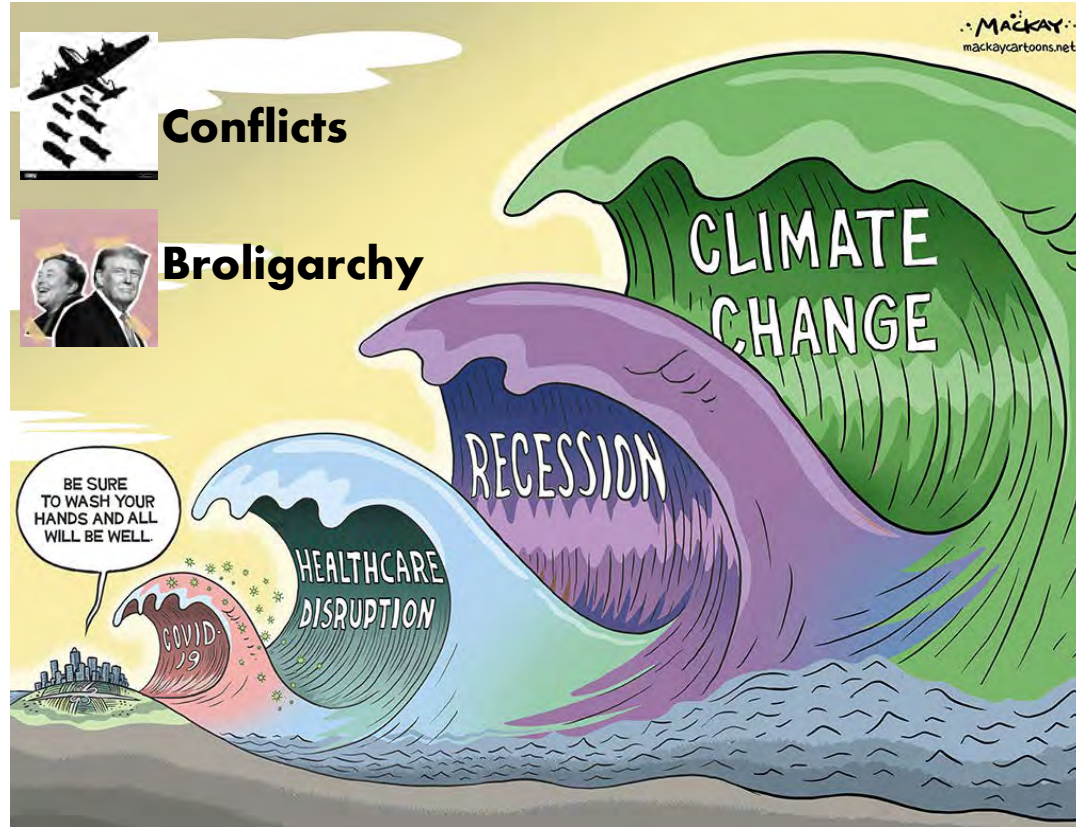
Listen to article 21 minutes



I'm a double agent, now in a place of privilege (and subject to all critiques in this course!)

Trying to walk the path of allyship and spend my privilege

We are discussing global health in an era of polycrisis



# Our pedagogical approach: to attempt a red pill version of global health education

Bandara, S, et al.

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004307>

Blue pill version of global health education – The Colonial Lens	Red pill version of global health education – The Decolonization Lens	Resources
Reinforces “white savior industrial complex” mindset, where global health is seen as a charity exercise and providing aid to save the poor and disadvantaged without accountability or transparency	Combats the “white savior industrial complex,” where global health is understood as a collective goal of improving equity and dismantling structural discrimination via genuine partnerships, mutual trust and respect.	Banerjee et al., <i>Lancet</i> , 2023 Büyüm et al., <i>BMJ GH</i> , 2020 Fahri et al., <i>PLOS GPH Blog</i> , 2024
Focuses mainly on technical and bio-medical issues about diseases, without connecting political, social, commercial and historical contexts	Actively includes the complex historical, geo-political, social and commercial aspects in contextualizing current challenges, solution building, policy making and delivery of care in global health.	Banerjee et al., <i>Lancet</i> , 2023 Humpi & Anibidi, <i>PLOS GPH</i> , 2022 Kickbusch, <i>BMJ</i> , 2015
Emphasizes on the health and social inequities in low and middle income countries (LMICs), without much consideration of inequities within high income countries (HICs). Leads to showcasing LMICs in a deficit lens without highlighting strengths or expertise in LMICs.	Provides a deep understanding of inequities and injustices in all contexts among equity-denied communities that can be in parallel and cross-cutting. Discusses strengths and weaknesses of all systems including LMICs and HICs. Highlights best practices from LMICs and encourages bi-directional knowledge flow.	Anand & Pal, <i>Lancet GH</i> , 2023 Banerjee et al., <i>Lancet</i> , 2023
Minimizes discussion on the dynamics of power flow and the elite capture within the field of global health or the need to decolonize the field.	Engages with political determinants and unequal power distribution in global health. Pushes academic institutes to commit to decentralizing global health operations, by co-owning and transferring ownership to Global South institutes, when necessary.	Pai, Bandara & Kyobutungi, <i>Lancet</i> , 2024 Abimbola et al., <i>PLOS Med</i> , 2021 Soyeigh et al., <i>BMJ GH</i> , 2023 Topp et al., <i>BMJ GH</i> , 2023 Kickbusch, <i>BMJ</i> , 2015
Dismisses power and privilege introspection, anti-racism and anti-oppression concepts and practices.	Engages critical consciousness of one’s own power and positionality to disrupt oppressive structures often grounded in colonialism and white supremacy.	Akins et al., <i>BMJ GH</i> , 2021 Krugman et al., <i>BMJ GH</i> , 2022 Pai, Bandara & Kyobutungi, <i>Lancet</i> , 2024 Bandara & Banerjee, <i>PLOS GPH</i> , 2023
Offers student practicum or field work that is rooted in extractive practice, such as parachute research and short term medical missions.	Ensures sustainability and long-term partnerships with co-supervision of students from relevant country sites. Actively aim to minimize harmful parachute research while promoting practices that benefits the local communities.	Gichane et al., <i>Global Health Action</i> , 2022 Asaidia, Yang et al., <i>McGill Global Health Perspectives</i> , 2021 Banerjee et al., <i>Lancet</i> , 2023
Perpetuate epistemic injustice by ignoring or not paying attention to knowledge produced in the Global South and knowledge holders from the Global South, while favouring white, anglophone, Euro or Global North centric voices.	Prioritises the visibility of knowledge from the Global South and diverse ways of knowing. Also, centres the voices of experts in LMIC countries, racialized expertise Indigenous experts, youth and those from affected communities. Prioritises epistemic justice.	Banerjee et al., <i>Lancet</i> , 2023 Akins et al., <i>BMJ GH</i> , 2021 Bhakimi & Abimbola, <i>Lancet GH</i> , 2021 Pratt & de Vries, <i>BMJ Journal of Medical Ethics</i> , 2023 Krugman, <i>PLOS GPH</i> , 2023
Promotes the “HIC gaze” to a student audience that is mostly Global North students, with voices of international students from the Global South or Indigenous students or racialized students often ignored.	Encourages students to unlearn and re-imagine global health that reflects cultural humility, allyship and solidarity.	Gichane et al., <i>Global Health Action</i> , 2022 Abimbola, <i>BMJ GH</i> , 2019 Abimbola, <i>IRD Editions</i> , 2024




<https://doi.org/10.1371/journal.pgph.0004307.t001>

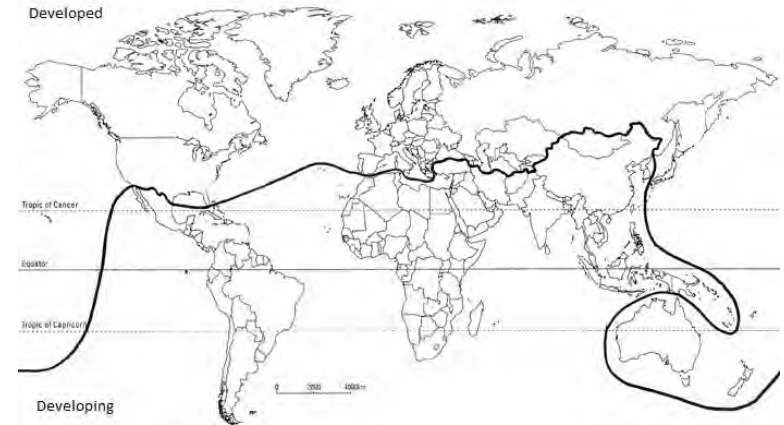
# We will use words thoughtfully

Editorial

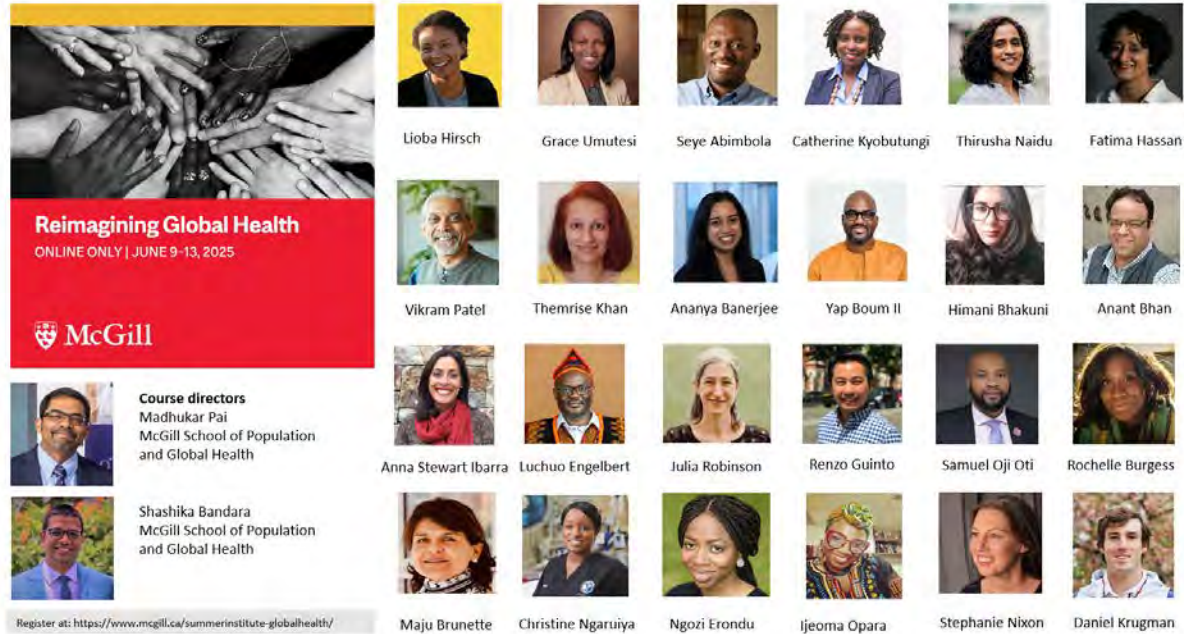
BMJ Global Health

## How we classify countries and people – and why it matters

Themrise Khan,<sup>1</sup> Seye Abimbola ,<sup>2</sup> Catherine Kyobutungi ,<sup>3</sup>  
Madhukar Pai <sup>4</sup>



This tries to be a **decentered** course\* taught by people from around the world



**Reimagining Global Health**  
ONLINE ONLY | JUNE 9-13, 2025

**McGill**

**Course directors**  
Madhukar Pai  
McGill School of Population and Global Health

Shashika Bandara  
McGill School of Population and Global Health

Register at: <https://www.mcgill.ca/summerinstitute-globalhealth/>

Lioba Hirsch Grace Umutesi Seye Abimbola Catherine Kyobutungi Thirusha Naidu Fatima Hassan

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Anna Stewart Ibarra Luchuo Engelbert Julia Robinson Renzo Guinto Samuel Oji Oti Rochelle Burgess

Maju Brunette Christine Ngaruiya Ngozi Erondu Ijeoma Opara Stephanie Nixon Daniel Krugman


\*yes, still run out of a Global North university; this can be changed in future



# Our hopes for the course

- An open, safe space to talk about what global health is and could be
  - That we all understand the current architecture of global health, its origins, and who it serves (or does not)
- Collectively reimagine a better version of global health, one that is truly equitable, inclusive and diverse
- Global North participants:
  - appreciate power, privilege & positionality, ask why we want to be ‘helpers’, learn to be authentic allies (co-liberators), shift power & avoid elite capture
- Global South participants:
  - demand change, claim rightful space, exercise agency, avoid elite capture, fight for self-determination, self-sufficiency and justice
- Regardless of where we are from, we all re-affirm human rights, empathy & global solidarity

What are your hopes for this course?



Why we need to  
reimagine global  
health

Will this  
scenario  
actually  
happen?

Two Master's students from a Haitian university land in Washington DC for a 2-week visit.

They visit a few orgs, speak to a few experts and policymakers, read a few reports, and write up a nice analysis of the gun violence problem in the US with recommendations on how to fix it.

They publish their paper in the *American Journal of Public Health*.

Will this  
scenario  
actually  
happen?

A novel, highly virulent bird flu virus emerges in a Southern African country & spreads to Asia

An American company rapidly develops an mRNA vaccine that is highly effective in reducing deaths

The company voluntarily transfers the technology to Indian and South African companies to mass produce affordable vaccine doses

A global pandemic is thus averted

# Why we need to reimagine global health

- Global health keeps failing on equity
- Key reason: the field itself is inequitable & built on charity, not justice
  - Global North actors hold enormous power
  - Right now, some Global North nations are disengaging abruptly (violently)
- To bring equity, power must shift
- Shifting power in global health will require leadership by the Global South and allyship by the Global North
- Neither are easy or given (but that does not mean we give up)

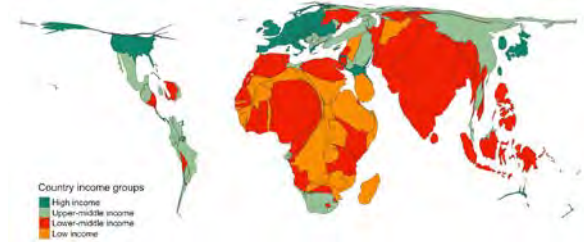
HIV, Covid-19, MPOX, Ebola, Gaza....

### African nations hit by mpox still waiting for vaccines - despite promises by the west

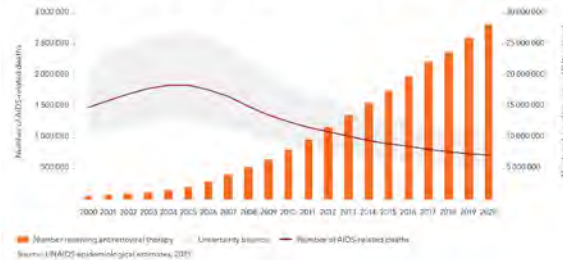
Last week's planned rollout of doses faces further delays as campaigners complain of greed and inequality



Our unvaccinated world  
Land mass = number of completely unvaccinated people



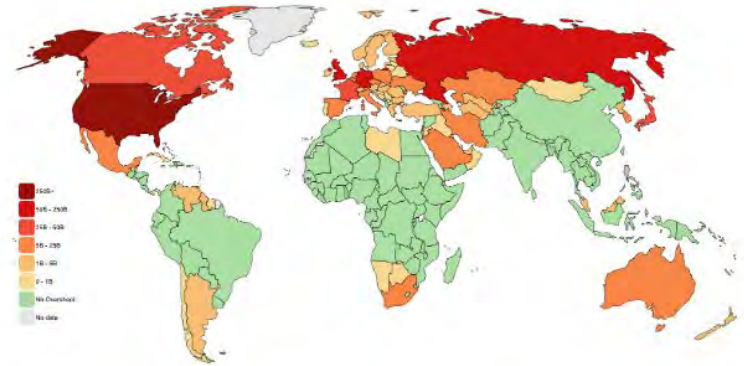
Numbers of AIDS-related deaths and people receiving HIV treatment, global, 2000-2020



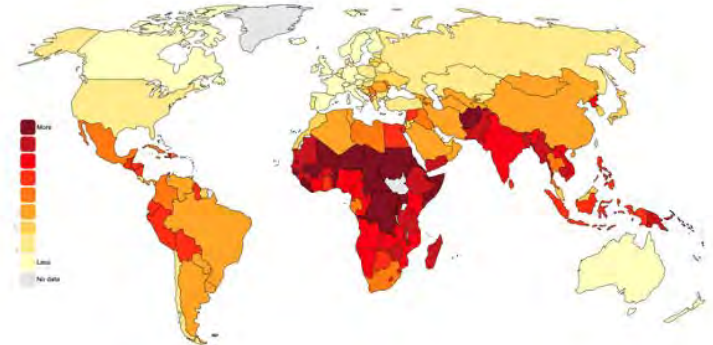
"The richest 1% globally emit as much carbon pollution as the poorest two-thirds of humanity"  
Oxfam, Inequality Inc report, 2024

The top map shows which nations are most responsible for excess emissions. The bottom map shows which nations are most impacted by it

Overshoot emissions  
(Lancet Planetary Health)



Multi-dimensional climate  
vulnerability  
(ND-GAIN)



## How the Ukraine crisis reveals our racial empathy gap

Racial sympathy is the reason we feel more deeply for some refugees than others



[Ainsley Hawthorn](#) · for CBC Opinion · Posted: Mar 12, 2022 4:30 AM EST | Last Updated: March 12, 2022



## 'It's not fair': Other refugees in limbo as US welcomes white South Africans

24 May 2025

Share Save

**Brandon Drenon**  
BBC News, Washington DC



“The idea that some lives matter less is the root of all that is wrong with the world”

Paul Farmer



# How is global health inherently inequitable?

## The art of medicine

### Will global health survive its decolonisation?

There are growing calls to decolonise global health. This process is only just beginning. But what would success look like? Will global health survive its decolonisation? This is a question that fits in with imagination. It is a question that makes us reflect on what Martin Luther King Jr saw when he said in 1967, in the last speech he gave before he was killed, that "I've been to the mountaintop, and I've seen the Promised Land." If what he saw was an equal, inclusive, and diverse world without a hint of supremacy, then that would be still elusive. Similarly, an equal, inclusive, just, and diverse global health architecture without a hint of supremacy is not global health as we know it today.

What we know as global health today emerged as an enabler of European colonisation of much of the rest of the world. It has since taken on different forms—for example, colonial medicine, missionary medicine, tropical medicine, and international health—but it is yet to shed its colonial origins and structures. Even today, global health is neither global nor diverse. More leaders of global health organisations are alumni of Harvard than are women from low-income and middle-income countries (LMICs). Global health remains much too centred on individuals and agencies in high-income countries (HICs).

A future in which global health is decolonised would be one in which there are no longer pervasive supremacist remnants of colonisation within global health practice but how do we imagine such a world? The calls for equity and justice in global health practice need to be matched with a bold vision of the future. What vision can global health practitioners rally around and work towards? As the struggle for equity and justice continues, those in power are likely to fight back—we respond with evasions, taken concessions, and changes in appearance but not in substance. Perhaps, a clear vision of what equity and justice looks like can help global health practitioners overcome such inadequate responses.

To decolonise global health is to remove all forms of supremacy within all spaces of global health practice, within countries, between countries, and at the global level. Supremacy is not restricted to White supremacy or male domination. It concerns what happens not only between people from HICs and LMICs but also what happens between groups and individuals within HICs and within LMICs. Supremacy is those, plainly, in how global health organisations operate, who rent them, where they are located, who holds the purse strings, who sets the agenda, and whose views, histories, and knowledge are taken seriously. Supremacy is seen in

persisting disregard for local and indigenous knowledge, preference of knowledge, refusal to learn from places and people too often deemed "inferior", and failure to see that there are many ways of being and doing. Supremacy is there in persisting colonial and imperialist (European and otherwise) attitudes, in stark and disguised racism. White supremacy, White saviours, and displays of class, caste, religious, and ethnic superiority, in the acquiescing tolerance for extractive capitalism, patriarchy, and much more.

Indeed, supremacy persists in the ways of seeing and assumptions that underpin global health practice. It is a supremacist way of seeing and doing when we entertain implicit hierarchical assumptions—for example, about the headquarters of a global health organisation being more important than its regional or country offices. Supremacy manifests in seeing the big as separate to the small—for example, in the focus on national governments when subnational governments are more consequential and closer to the ground. And supremacy is enacted when a greater value is placed on research by HIC or distant experts than the knowledge of those with lived experience.

Will global health survive its decolonisation? Perhaps. But only if its practitioners commit to its true transformation. A crucial first step is recognising that ours is a discipline that holds within itself a deep contradiction—global health was birthed in supremacy, but its mission is to reduce or eliminate inequities globally. To transcend its origins, global health must



Martin Luther King Jr. (1929–68).

“Global health is a discipline that holds within itself a deep contradiction—global health was birthed in supremacy, but its mission is to reduce or eliminate inequities globally”

Abimbola & Pai, *Lancet* 2020

# Default settings in global health



Global North



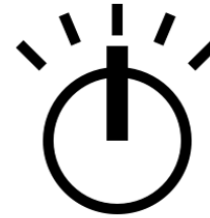
White



Men



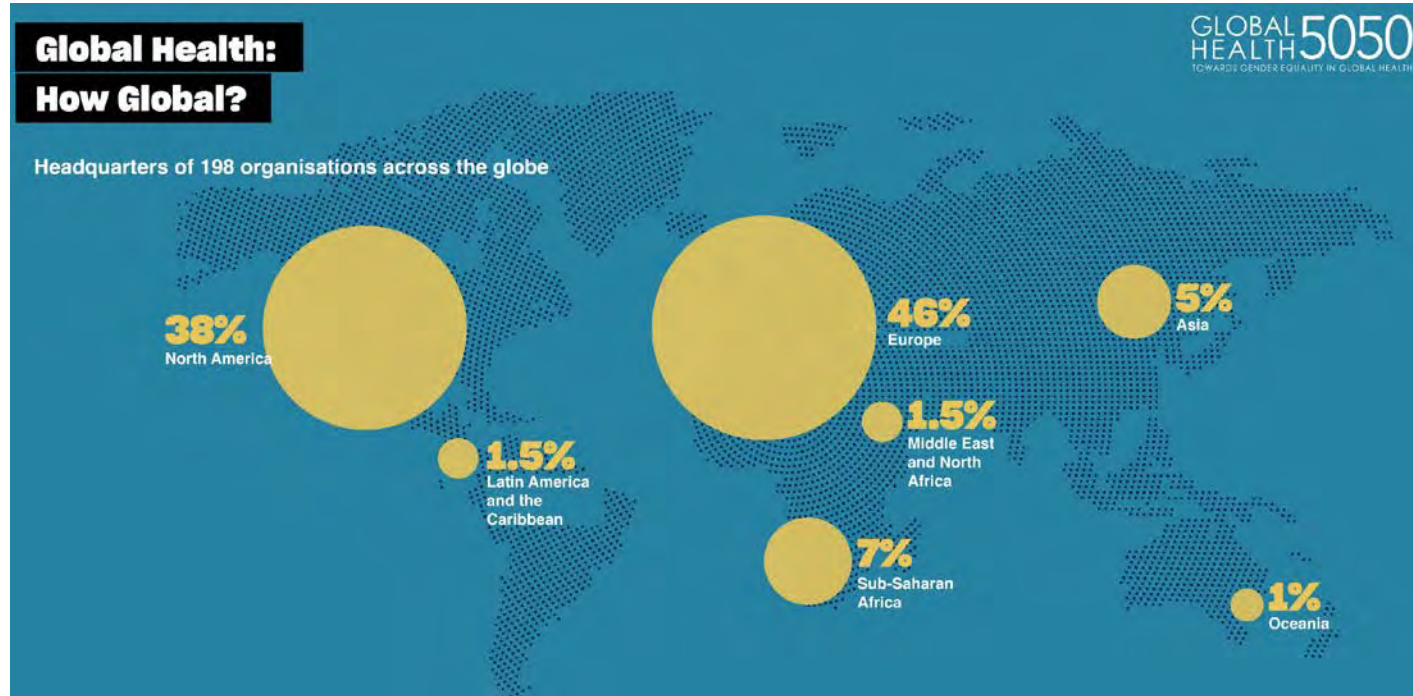
Power & Privilege



Yes, I see myself in these defaults

@paimadhu

# Where are the global health orgs?



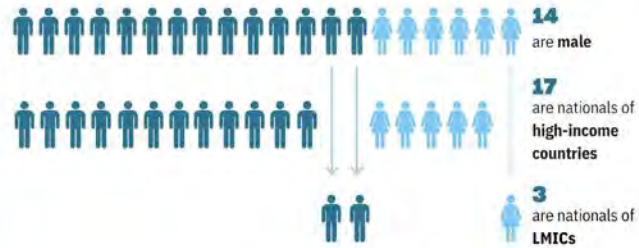
# Who runs global health?

**Power,  
privilege  
and  
priorities**

Global Health  
50/50  
Report  
2020

#ThisIsGender  
#GH5050

**Global Health 50/50 found that for every  
20 global health leaders...**



**...patterns of privilege prevail**

**GLOBAL HEALTH GOVERNING BODIES ARE NOT  
GLOBALLY REPRESENTATIVE**

**OF 2014 BOARD SEATS...**



**#BOARDSFORALL**

GLOBAL HEALTH 50/50  
2022 REPORT

GLOBAL 50  
HEALTH 50

<https://globalhealth5050.org/>

# Where do global health \$\$\$ go?



70% of Fogarty grants go to US & HIC institutions

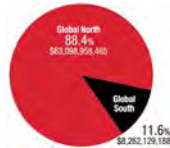


73% of the total international grant portfolio supports UK-based activity



~80% of USAID's contracts & grants go to US firms

BILL & MELINDA GATES foundation



<https://wellcome.org/what-we-do/reports>

<https://www.fic.nih.gov/News/GlobalHealthMatters/july-august-2020/Pages/roger-glass-decolonizing-global-health.aspx>

## [VIDEO] Phantom Aid: Money allocated to countries that ends up funding INGOs

By Steve Gloyd



International NGOs are expensive. They are usually run from their headquarters in expensive cities in high income countries like Washington DC, New York, Boston or Seattle, where the costs are very high compared to low-income countries. They charge overhead and indirect costs for their offices and overall organizational

administration which are not related to the specific grant or contract. And the overhead can be more than half the entire project budget with an average of about 15-30% of these total budgets. The INGO offices are often quite expensive, and the administrative staff typically earn high salaries for the overall management of the NGO.

In addition to the overhead, the NGOs have substantial headquarter staff who provide either technical or financial management support just for the specific project. They are also highly paid and take additional funds from the project budget. They supervise the extensive and stringent programmatic and financial reporting requirements from the donors. These staff consume another 15-30% of the total grant substantially allocated to be given to low and middle-income countries. So, overall, between 30-60% of the total budget of many global health aid projects never even leave the headquarters of the INGO.

<https://www.theguardian.com/commentisfree/2018/sep/02/as-a-system-foreign-aid-is-a-fraud-and-does-nothing-for-inequality>

<https://www.thenation.com/article/society/gates-foundation-colonialism/>

## Who is telling the story? A systematic review of authorship for infectious disease research conducted in Africa, 1980–2016

Rose Mbaye,<sup>1</sup> Redeat Gebeyehu,<sup>2</sup> Stefanie Hossmann,<sup>3</sup> Nicole Mbaraga,<sup>4,5</sup> Estella Bih-Neh,<sup>6</sup> Lucrace Eteki,<sup>7</sup> Ohene-Agyei Theima,<sup>8</sup> Abiodun Oyerinde,<sup>9</sup> Gift Kiti,<sup>10</sup> Yvonne Mburu,<sup>11</sup> Jessica Haberer,<sup>12,13</sup> Mark Siedner,<sup>14</sup> Iruka Okeke,<sup>15</sup> Yap Boun<sup>16</sup>

## Authorship equity in global health research: who gets the credit at University of California, San Francisco?

Rebekah Kaufman<sup>1</sup>, Elizabeth Fair,<sup>1,2</sup> Michael Reid<sup>3</sup>, Ali Mirzazadeh<sup>1,4</sup>

# Authorship trends in The Lancet Global Health

## Authorship in paediatric research conducted in low- and middle-income countries: parity or parasitism?

Chris A. Rees<sup>1</sup>, Heather Lukolyo<sup>2,3</sup>, Elizabeth M. Keating<sup>4</sup>, Kirk A. Dearden<sup>5</sup>, Samuel A. Luboga<sup>6</sup>, Gordon E. Schutz<sup>7</sup> and Peter N. Kazembe<sup>3,7</sup>

<sup>1</sup> Division of Emergency Medicine, Boston Children's Hospital, Harvard Medical School, Boston, USA

<sup>2</sup> Department of Pediatrics, Baylor College of Medicine, Houston, USA

<sup>3</sup> Bayoh College of Medicine (Children's Foundation Uganda), Kampala, Uganda

<sup>4</sup> Bayoh College of Medicine (Children's Foundation Lesotho), Maseru, Lesotho

<sup>5</sup> IMA World Health, IMA of Salzburg, Tanzania

<sup>6</sup> Makerere University College of Health Sciences, Kampala, Uganda

<sup>7</sup> Bayoh College of Medicine (Children's Foundation Malawi), Frelanje, Malawi

## Stuck in the middle: a systematic review of authorship in collaborative health research in Africa, 2014–2016

Bethany L Hedd-Gauthier<sup>1</sup>, Herve Momo Jeufack,<sup>2</sup> Nicholas H Noufeld,<sup>3</sup> Atalay Alem,<sup>4</sup> Sara Sauer,<sup>5</sup> Jackline Odhiambo,<sup>6</sup> Yap Boun<sup>7</sup>, Miriam Stuchman,<sup>8</sup> Jimmy Volmink<sup>9</sup>

## Local and foreign authorship of maternal health interventional research in low- and middle-income countries: systematic mapping of publications 2000–2012

Matthew F. Chersich<sup>1,2</sup>, Duane Basaw<sup>3</sup>, Mari Dumbaugh<sup>4,5</sup>, Loveday Fern-Kelana<sup>6</sup>, Ahoai Ohana<sup>7</sup>, Sphero Twala<sup>8</sup>, Leon Bilimakers<sup>9</sup>, Smily Vargasi<sup>10</sup>, Bianca Ramf<sup>11</sup>, Francisco Becerra Pineda<sup>12</sup>, Josephine Kariuki<sup>13</sup>, Piya Manwala<sup>14</sup>, Langshihle Mochiz<sup>15</sup>, Victor Bovenil-Morrelio<sup>16</sup>, Katherine Footman<sup>17</sup> and Helen Reid<sup>1,18</sup>

## Coloniality in Patterns of Authorship

Tiffany Nassiri-Ansari, Anila Jose, Sharifah Khadijah Syed Razif, & Emma L M Rhule



# Who is editing?



## The Lancet and colonialism: past, present, and future

Mishal S Khan\*, Thirusha Naidu\*, Irene Torres†, Muhammad Naveed Noor†, Jesse B Bump‡, Seye Abimbola‡

Lancet 2024; 403: 1304-08

\*Joint first authors

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University, Karachi, Pakistan

The historical and contemporary alignment of medical and health journals with colonial practices needs elucidation. Colonialism, which sought to exploit colonised people and places, was justified by the prejudice that colonised people's ways of knowing and being are inferior to those of the colonisers. Institutions for knowledge production and dissemination, including academic journals, were therefore central to sustaining colonialism and its legacies today. This invited Viewpoint focuses on *The Lancet*, following its 200th anniversary, and is especially important given the extent of *The Lancet's* global influence. We illuminate links between *The Lancet* and colonialism, with examples from the past and present, showing how the journal legitimised and continues to promote specific types of knowers, knowledge, perspectives, and interpretations in health and medicine. *The Lancet's* role in colonialism is not unique; other institutions and publications across the British empire cooperated with empire-building through colonisation. We therefore propose investigations and raise questions to encourage broader contestation on the practices, audience, reactivity, and ownership of journals claiming leadership in global knowledge production.

PNAS

RESEARCH ARTICLE | SOCIAL SCIENCES

OPEN ACCESS



## Non-White scientists appear on fewer editorial boards, spend more time under review, and receive fewer citations

Fengyuan Liu<sup>1,2</sup>, Talal Rahwan<sup>1,3</sup>, and Bedoor AlShehri<sup>1,4</sup>

PLOS GLOBAL PUBLIC HEALTH

Research Article

Challenging the "old boys club" in academia: Gender and geographic representation in editorial boards of journals publishing in environmental sciences and public health

Sara Nadeem<sup>1</sup>, Miri Akbar van Nieuwen<sup>1</sup>, Arshad Bano<sup>1,2,3,4</sup>, Aaliya Khan<sup>1,5</sup>,  
Rahim Saeed<sup>1,6</sup>, Waqar Hussain<sup>1,7</sup>, Akhbaruddin Qureshi<sup>1,8</sup>,  
Amir Khan<sup>1,9</sup>, Shabir Ahmad<sup>1,10</sup>, Ahsan Ali<sup>1,11</sup>, Ahsan Ali<sup>1,12</sup>,  
Ahsan Ali<sup>1,13</sup>, Ahsan Ali<sup>1,14</sup>, Ahsan Ali<sup>1,15</sup>, Ahsan Ali<sup>1,16</sup>,  
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Ahsan Ali<sup>1,73</sup>, Ahsan Ali<sup>1,74</sup>, Ahsan Ali<sup>1,75</sup>, Ahsan Ali<sup>1,76</sup>,  
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Ahsan Ali<sup>1,89</sup>, Ahsan Ali<sup>1,90</sup>, Ahsan Ali<sup>1,91</sup>, Ahsan Ali<sup>1,92</sup>,  
Ahsan Ali<sup>1,93</sup>, Ahsan Ali<sup>1,94</sup>, Ahsan Ali<sup>1,95</sup>, Ahsan Ali<sup>1,96</sup>,  
Ahsan Ali<sup>1,97</sup>, Ahsan Ali<sup>1,98</sup>, Ahsan Ali<sup>1,99</sup>, Ahsan Ali<sup>1,100</sup>



Commentary

ENVIRONMENTAL SCIENCES

Diversity in the editorial boards of global health journals

Submitted: 10/10/2023 | Accepted: 11/10/2023

Commentary

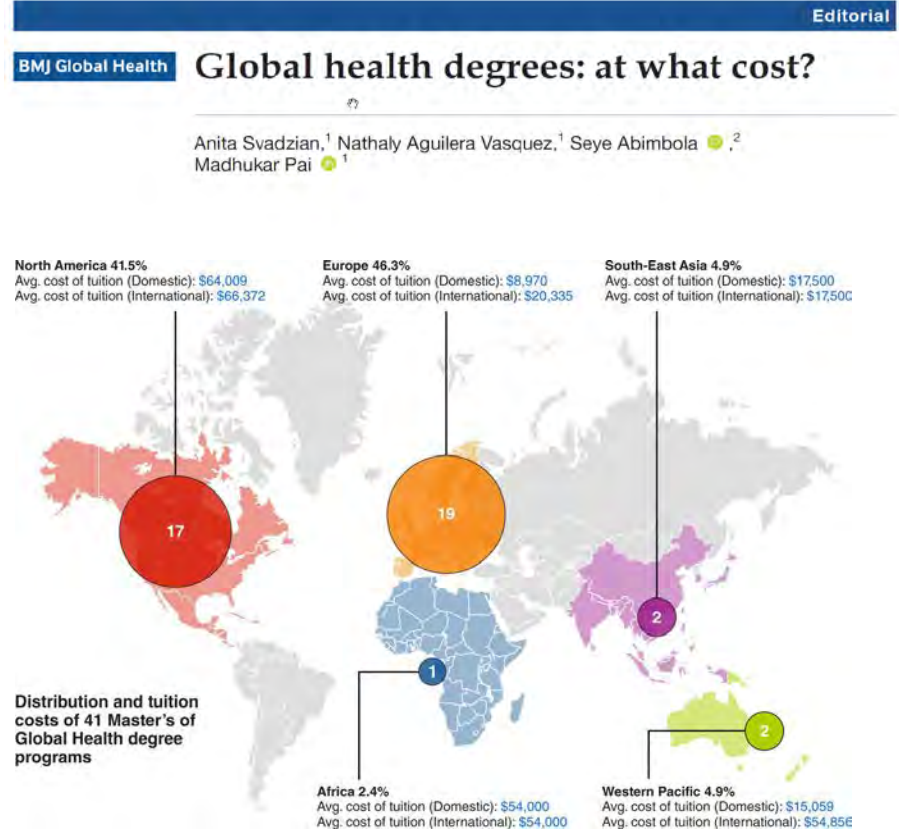
ENVIRONMENTAL SCIENCES

Global health journals need to address equity, diversity and inclusion

Submitted: 10/10/2023 | Accepted: 11/10/2023

# Where are global health degrees offered & for whom?

95% of Masters programs are in HICs



GLOBAL NORTH SCIENTISTS EN ROUTE TO THE GLOBAL SOUTH FOR FIELD WORK



GLOBAL SOUTH SCIENTISTS EN ROUTE TO THE GLOBAL NORTH FOR A CONFERENCE



FW / www.gobalhealth100.com

## Passport And Visa Privileges In Global Health

Madhukar Pal Contributor @

I write about global health, infectious diseases, and equity

Follow

Jun 6, 2022, 12:16pm EDT

Updated Jun 7, 2022, 01:22pm EDT

This article is more than 2 years old.



## How visa rejections are stalling Africa's health research

Experts call for visa equity to boost participation of scientists from the global south.

By Gilbert Nekweya



WHERE ARE CONFERENCES HELD & FOR WHOM?

# THE LANCET

Comment

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## The Global North is increasingly unsafe for global health meetings



*Shashika Bandara, Nhial Deng, \*Madhukar Pai*  
[madhukar.pai@mcgill.ca](mailto:madhukar.pai@mcgill.ca)

Department of Global & Public Health, McGill School of Population and Global Health, McGill University, Montreal, QC H3A 1G1, Canada (SB, MP); Centre for Global Studies, Huron University, London, ON, Canada (ND)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00757-3/abstract?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00757-3/abstract?rss=yes)

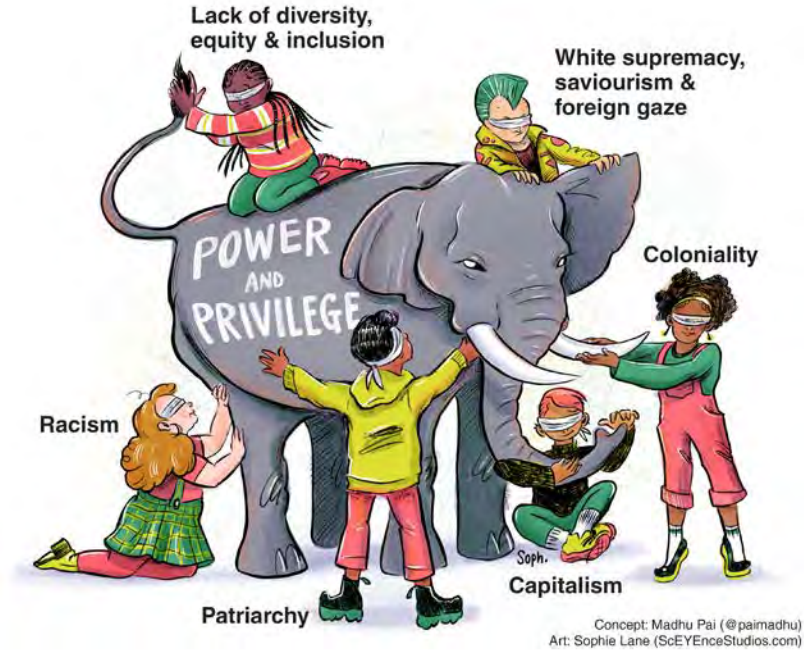
● Travel banned ● Visas restricted



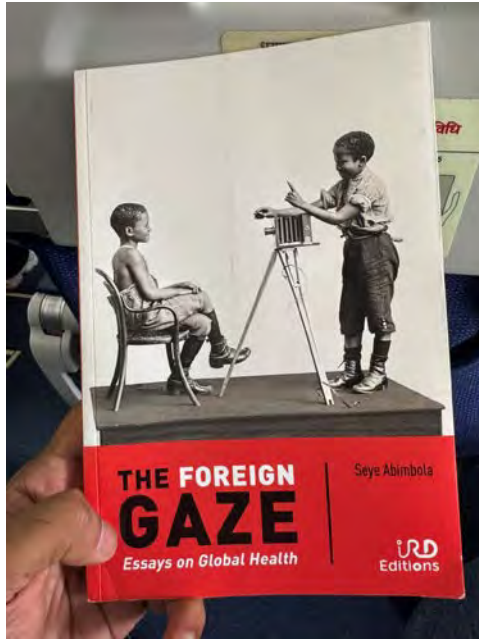
The New York Times

## See the Countries Included in Trump's New Travel Ban

Global North & privileged people hold power – they chose to become the ‘center’ and the ‘helpers’ of people at the ‘margins’



# “Distance” - a key defining feature of global health (Seye Abimbola)



“Distance – and the gaps in knowledge that come with it – defines global health: the distance between the helper and the helped”

“The helper is in the world of the helped, but not of it”

“The helper must commit to reducing, and ultimately eliminating that distance, even as it infinitely regresses”

“To undo the colonial influence on global health is to see the world through the eyes of the helped, and to acknowledge the distance that makes it difficult to do so. We must localise the global.”

# Global health & development

## How the Global **North** likes it

- Charity, philanthropy
- Aid
- Donations
- Development assistance
- Saviourism
- Dependency

## How the Global **South** wants it

Human rights

Equity and social justice

Reparations

Autonomy, respect

Self-determination & self-sustenance

# So, what's the problem if the privileged are the center of global health?

- We lack lived experience
- Our privilege prevents us from seeing things clearly
- We are far away from the real problems
- We are far away from the real solutions
- We will make mistakes (even if our intentions are good)
- We will center ourselves
- We can stop feeling generous (with no consent or accountability!)
- We may fail to address the structural issues (or even uphold it)

# Global health as a charity is a failed model

A screenshot of a Lancet article page. At the top, the title 'THE LANCET' is displayed in a large, black, serif font. Below the title is a navigation bar with links for 'This journal', 'Journals', 'Publish', 'Clinical', 'Global health', 'Multimedia', 'Events', and 'About'. The main content area features a 'COMMENT' label, the volume and issue information 'Volume 404, Issue 10464, P1711-1713, November 02, 2024', and a blue button with a download icon and the text 'Download Full Issue'. The article title is 'Shifting power in global health will require leadership by the Global South and allyship by the Global North'. The authors listed are 'Madhukar Pai<sup>a,b</sup>', 'Shashika Bandara<sup>a</sup>', and 'Catherine Kyobutungi<sup>c</sup>'.

THE LANCET

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COMMENT · Volume 404, Issue 10464, P1711-1713, November 02, 2024 [Download Full Issue](#)

## Shifting power in global health will require leadership by the Global South and allyship by the Global North

[Madhukar Pai](#)<sup>a,b</sup>  · [Shashika Bandara](#)<sup>a</sup> · [Catherine Kyobutungi](#)<sup>c</sup>

Pai M et al. *Lancet* 2024 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02323-7/abstract?dgcid=buzzsprout\\_tlv\\_podcast\\_generic\\_lancet](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02323-7/abstract?dgcid=buzzsprout_tlv_podcast_generic_lancet))

Podcast on this paper: <https://www.buzzsprout.com/861868/episodes/16403127-power-and-allyship-in-the-global-north-and-global-south>

Examples of how Global South institutions can demonstrate leadership	
Governments	<p>Invest more in health, and be less reliant on donors<sup>2</sup></p> <p>Invest in national and regional health institutions, health workforce, civil society, and research institutions<sup>31</sup></p> <p>Invest in building national and regional manufacturing capacity to make drugs, tests, vaccines, and technologies<sup>34</sup></p> <p>Improve accountability and transparency</p>
Funders and donors	<p>Increase investments, and reduce reliance on Global North funders<sup>34</sup></p> <p>Ensure a fair share of overheads to build research infrastructure<sup>16</sup></p> <p>Fund local partners as leaders of the process of knowledge production and use<sup>2</sup></p> <p>Ensure that reciprocity and bidirectional partnership is included in grant agreements and memoranda of understanding<sup>2</sup></p>
Academic institutions	<p>Institute clear policies to discourage parachute research and extractive partnerships<sup>16</sup></p> <p>Provide more institutional support (eg, protected time) to encourage academics to take on leadership work globally</p> <p>Adequately support and reward work on Indigenous and Global South knowledge systems<sup>2</sup></p>
International organisations	<p>Build strong and accountable organisations in the Global South<sup>1</sup></p> <p>Take the lead in relocation of organisations to the Global South</p> <p>Acknowledge that even in Global South nations, it is the in-country elites that wield power, and work towards genuine partnerships with people with lived experience<sup>15</sup></p>
Global health journals	<p>Build strong Global South journals<sup>16</sup></p> <p>Global South experts to take on leadership roles in international journals, and advocate for equitable policies on authorship, article processing charges, and diverse editorial boards<sup>79,35</sup></p>
Conference organisers	<p>Take the lead in organising meetings in Global South nations<sup>5</sup></p> <p>Remove hurdles for easy travel within Global South countries</p>

# Leadership by the Global South

## Africa must take control of its vaccine manufacturing to protect against a new pandemic

No one is safe, until we are all safe – we must therefore put vaccine equity at the heart of pandemic preparedness, prevention and response

JEAN KASEYA | WILLIAM AMPOFO

6 December 2023 - 2:57pm



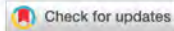
Vaccine nationalism saw Africa deprived of Covid-19 vaccines in the early days of the pandemic | CREDIT: JEROME DELGAD

## 'We have to become self-reliant': African scientists respond to dramatic U.S. aid cuts

The "brutal" loss of billions of dollars shows Africa should no longer depend on foreign donors, researchers say

4 MAR 2023 - 9:28 PM ET - BY ABDULLAH TSIANG





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Cite this as: *BMJ* 2025;388:r479  
<http://doi.org/10.1136/bmj.r479>

Published: 11 March 2025

## After USAID: what now for aid and Africa?

Seize this opportunity to reframe aid and centre local health needs

Catherine Kyobutungi,<sup>1</sup> Ebere Okereke,<sup>2</sup> Seye Abimbola<sup>3</sup>

The Trump administration's shocking decision to dismantle the United States Agency for International Development (USAID) overnight has led to termination of 90% of its 6300 projects, a form of "geopolitical vandalism."<sup>1</sup> The full effects will take time to comprehend, partly because data systems that track programmes worldwide have also been closed.<sup>2</sup> Repercussions for Africa are wide and deep—but present a crucial opportunity.

These decisions were taken without consulting the implementers—international non-governmental organisations in the US and on the ground, African health ministries, and the millions of Africans who depended on USAID funded programmes for healthcare.

### Time to question aid models

African governments, donors, and global health practitioners and researchers suddenly have an unprecedented opportunity and the necessity to prioritise difficult discussions that have been postponed too long. They must question aid models that lack sustained impact, do not strengthen—or worse undermine—health systems, do not improve population health, or create dependency. Discrete HIV care clinics run through donor funded projects, for example, do not deal with other health conditions and create inefficiencies in the healthcare system through duplication of procurement, data, and reporting mechanisms.

“aid should be a catalyst for development, not to run essential care programs indefinitely...”

“How the global public understands and talks about aid—as charity instead of reparation for colonial era and contemporary injustice—also needs to change”

# Allyship by the Global North

Examples of how Global North institutions can demonstrate allyship	
Governments	<p>Policies that discourage hoarding of life-saving health products and encourage rapid sharing of data and technologies during crises<sup>1</sup></p> <p>Support for a global Pandemic Accord with strong equity and accountability clauses<sup>2</sup></p> <p>Visa policies that allow greater Global South representation in fora and meetings<sup>5</sup></p> <p>Contribute to the loss and damage fund to support Global South nations in climate change mitigation and adaptation<sup>10</sup></p> <p>Debt relief for low-income nations, especially in Africa<sup>18</sup></p> <p>Policies that promote, not oppose, DEI and anti-racism initiatives<sup>21</sup></p>
Funders and donors	<p>Directly fund Global South institutions and affected community organisations without strings attached,<sup>11,12</sup> and offer a fair share of overheads to such organisations<sup>16</sup></p> <p>Invest in building strong institutions and infrastructure in the Global South by providing resources outside of narrow grant funding</p>
Academic institutions	<p>Reduce tuition fees for trainees from LMICs and offer scholarships<sup>17</sup></p> <p>Build equitable and bidirectional partnerships; ensure reciprocity and host trainees and experts from LMICs<sup>2</sup></p> <p>Change tenure and promotions criteria to acknowledge allyship and trust-building efforts<sup>7</sup></p>
International organisations	<p>Commit to intentional, long-term capacity strengthening of partner institutions in the Global South with an aim of gradually shifting resources and leadership to them</p> <p>Undertake phased self-decentralisation by moving and spreading their current Global North base to different locations across the Global South, with subsequent transfer of ownership<sup>27</sup></p> <p>Go beyond performative DEI and ensure genuine inclusion and diversity<sup>29</sup></p>
Global health journals	<p>Intentionally diversify editorial boards at all levels (from editor-in-chief to editorial board membership)<sup>28</sup></p> <p>Ensure article processing charges are not a barrier for LMICs<sup>29</sup></p> <p>Commission articles from Global South and community experts<sup>29,30</sup></p> <p>Adopt policies that promote equitable authorship and research practices<sup>31,31</sup></p>
Conference organisers	<p>Host meetings in visa-friendly countries<sup>5</sup></p> <p>Alternate meetings between Global North and South locations<sup>33</sup></p>

# Allyship by Global North governments

- Support for a global Pandemic Accord with strong equity and accountability clauses
- Visa policies that allow greater Global South representation
- Contribute to the loss and damage fund to support Global South nations in climate change mitigation and adaptation
- Debt relief for low-income nations, especially in Africa
- Policies that promote, not oppose, DEI

# 25 million deaths: what could happen if the US ends global health funding

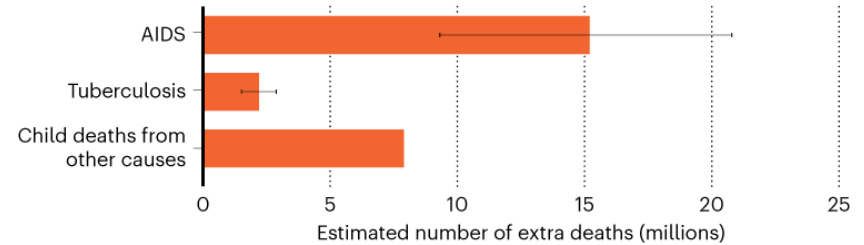
Models estimate the ginormous potential impact of foreign-aid cuts.

By [Smriti Mallapaty](#)



## A WORLD WITHOUT US AID

Millions of people could die between 2025 and 2040 if all United States funding for global health is terminated and not replaced.



©nature

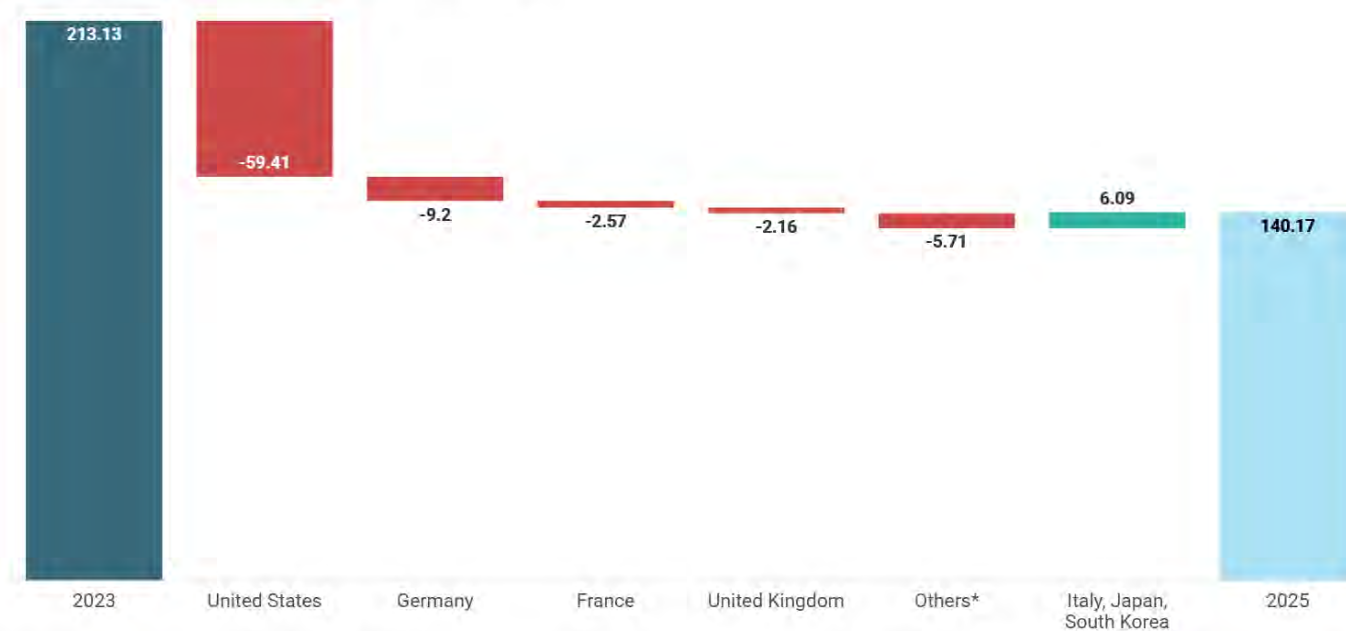
\*Compared with estimates of continued funding at 2024 levels.

<https://www.nature.com/articles/d41586-025-01191-z>

## Projected ODA changes between 2023 and 2025

17 largest DAC donors

US\$ billion, 2023 constant prices, grants equivalents



[Download Visual](#) • Source: 2023: OECD DAC1, 2025: ODA projections based on OECD, IMF, and government sources. Projected GNI is calculated by using forward-looking GDP growth rate figures from the IMF applied to GNI levels. The estimates of GDP are based on the latest IMF World Economic Outlook update. A future shock to GDP and/or GNI would cause a divergence in the estimates. \*Others: Australia, Belgium, Canada, Denmark, Ireland, Netherlands, Norway, Spain, Sweden, Switzerland

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Are there hopeful allyship examples?

# Improving conference equity



A personal take on science and society

## World view



By Kara Hanson

### Why we moved a conference from Canada to Indonesia

Event organizers often overlook the visa-related difficulties that researchers in low- and middle-income countries face. This must change.

Selecting the venue for a global academic conference brings both opportunities and challenges. There are competing pressures: minimizing costs and travel distances for attendees while ensuring access to high-quality facilities and a reputable local university partner. However, one issue has become increasingly important: ease of access to travel visas.

Because immigration policies have tightened in some countries, particularly in North America and Europe, waiting times for visas have increased. For example, it can

“Visa-related difficulties impede global scientific dialogue and the free exchange of ideas.”

contributions from a diverse group of participants. In our relief, there was no backlash from our membership when the decision to shift the venue was announced. On the contrary, we received e-mails from colleagues all over the world thanking the IAS for its action, and for recognizing the challenges faced by researchers from low- and middle-income countries, who tend to have the greatest problems obtaining a visa. But this was not just a problem of rich nations versus poorer ones – although visa constraints in Europe, Canada and the United States are widely recognized as one such. Some low- and middle-income countries also impose restrictions. For instance, visa denials affecting many participants at the Health Systems Research symposium in Bogotá in 2022 led some researchers to boycott the event. Visa discrimination – unfair or differential treatment



Who we are – What we do – Conferences – Get involved – News & events

Home > News & events > IAS announces global rotation of all its conferences

## IAS announces global rotation of all its conferences

Implementation of IAS strategy

12 May 2024

Share   

Munich, Germany, will host AIDS 2024; the IAS will invite bids from Africa for IAS 2025 and from Latin America and the Caribbean for AIDS 2026



### Life in Research

#### Visa-friendly venues for global health meetings

Conference organizers have an obligation to host meetings in locations that are not visa-hostile. Are there visa-friendly options that conference organizers should be considering? This crowd-sourced list might help!

Published in Social Sciences, General & Internal Medicine, and Public Health  
Aug 04, 2024



Manjinder Puri  
Chair, Department of Global and Public Health, McGill University

# Reimagining global health journals: editors as allies

PLOS GLOBAL PUBLIC HEALTH

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EDITORIAL

*PLOS Global Public Health*, charting a new path  
towards equity, diversity and inclusion in  
global health

Catherine Kyobutungi, Julia Robinson\*, Madhukar Pai

PLOS Global Public Health, San Francisco, CA, United States of America

2021

PLOS GLOBAL PUBLIC HEALTH

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EDITORIAL

Editors as allies: Our two-year experience at  
*PLOS Global Public Health*

Julia Robinson<sup>1\*</sup>, Catherine Kyobutungi<sup>2</sup>, Zena Nyakoojo<sup>1</sup>, Madhukar Pai<sup>3</sup>

<sup>1</sup> Public Library of Science, San Francisco, California, United States of America, <sup>2</sup> African Population and Health Research Center, Nairobi, Kenya, <sup>3</sup> McGill School of Population and Global Health, McGill University, Montreal, Quebec, Canada

2023

# Equity in authorship

## PLOS GLOBAL PUBLIC HEALTH

OPINION

Equity in global health research: A proposal to adopt author reflexivity statements

Sepeedeh Saleh<sup>1\*</sup>, Refiloe Masekela<sup>2</sup>, Eva Heinz<sup>2</sup>, Seye Abimbola<sup>1</sup>, on behalf of the Equitable Authorship Consensus Statement Group, Ben Morton<sup>3</sup>, Andre Vercueil<sup>4</sup>, Lisa Reimer<sup>5</sup>, Chisomo Kalinga<sup>6</sup>, Masile Seekles<sup>7</sup>, Bruce Biccard<sup>10</sup>, Jeremiah Chakaya<sup>11,12</sup>, Angela Obasi<sup>13,14</sup>, Ndekya Oriyo<sup>15</sup>

## PLOS MEDICINE

EDITORIAL

Time to end parachute science

Beryne Odeny<sup>1\*</sup>, Raffaella Bosurgi

PLOS Medicine, San Francisco, California, United States of America

“As part of *PLOS Medicine*'s commitment to address parachute science, we now require that local researchers be first or last authors of publications based on global research”

## The Official PLOS Blog

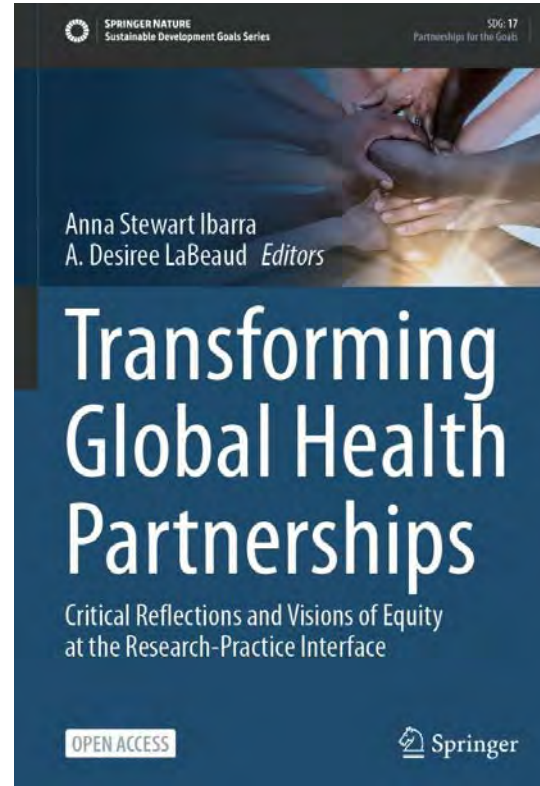
[About This Blog](#) [Contact](#)

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## Announcing a new PLOS policy on inclusion in global research

September 27, 2021 / PLOS / Collaboration Global Research Journal enhancements

# Global health partnerships



<https://link.springer.com/book/10.1007/978-3-031-53793-6>

OPINION

## Can we unplug global health education from The Matrix?

Shreshika Banerjee\*, Ananya Tina Banerjee, Madhusuk Pali

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\* [shreshika.banerjee@mail.mcgill.ca](mailto:shreshika.banerjee@mail.mcgill.ca)

In one of the most iconic scenes in the film *The Matrix* (2003), Neo, the protagonist is offered a choice between a red pill and a blue pill. This choice is offered by Morpheus, a leader of the resistance against the machines. In this story, machines have taken over the world. Human bodies are used as batteries for electricity, and humans are kept alive by plugging them into a virtual world known as The Matrix. The blue pill allows Neo to stay within the illusion created by The Matrix, while the red pill would unplug him, show him the reality—and offer a choice to fight for liberation of humans.

The red pill and blue pill are metaphorical choices that represent a choice between critical examination of our status quo vs remaining oblivious. The red pill has taken on various philosophical and social meanings since the release of *The Matrix*—and can be used as a tool in global health education to explain the two possible ways of teaching global health.

Within the last decade, a growing number of calls and acts of resistance have been made by the global health community, especially by students to change the curricula to reflect and address the deep power asymmetries in global health [1,2]. Essentially, these relentless calls ask us to ‘unplug’ global health education from *The Matrix*, by providing an education that accurately represents the colonial histories and neo-colonial contemporary geopolitical and contextual factors affecting all determinants of health [3]. An argument can be made that the absence of such an education has directly or indirectly perpetuated downstream inequalities we see today within representation, funding, global governance choices and more [3,4].

Building on these strong and necessary calls to action, we compare the usual ways of apolitical and ahistorical teaching that perpetuate the status quo (i.e., the blue pill way of teaching) versus the reimagined ways of teaching that consider the roots of global health inequities and challenges the status quo (i.e., the red pill way of teaching). While recognizing that global health curricula may not fall neatly into these binary categories, we hope that this juxtaposition can provoke a critical discussion we need to have to reconstruct global health education.

We provide eight points of juxtaposition for consideration to educators [Table 1].

First is teaching for preparation of “white savior industrial complex” to the way global health is taught [5]. Coined by Teo Cole, this term indicates an ongoing feature of global health where participation is motivated by “big emotional experiences that validate privilege” with minimal consideration of justice [5]. There is a need to shift global health education away from the framing of global health and humanitarian aid as a global charity project built to save the poor, when the powerful and wealthy essentially “help” the less powerful, on their own terms and benefit [2]. The current crisis in global health and development, caused by the Trump administration’s abrupt withdrawal from the World Health Organization, Paris Agreement and freezing of health aid, is a good example of why global health need this shift. The new framing posits global health through collective action to a collective goal which aims to shift social structures of influence to address historical and contemporary injustices through reparations, genuine partnerships, power shifting and mutual trust building [3,6].

Blue pill version of global health education – The Colonial Lens	Red pill version of global health education – The Decolonization Lens	Resources
Reinforces ‘White savior industrial complex’ mindset, where global health is seen as a charity exercise and providing aid to save the poor and disadvantaged without accountability or transparency	Combats the “white savior industrial complex,” where global health is understood as a collective goal of improving equity and dismantling structural discrimination via genuine partnerships, mutual trust and respect.	Banerjee et al., <i>Lancet</i> , 2021 Bharmy et al., <i>BMJ GH</i> , 2020 Bain et al., <i>PLOS GPH</i> , 2024
Focuses mainly on technical and bio-medical issues about diseases, without connecting political, social, commercial and historical contexts	Actively includes the complex historical, geo-political, social and commercial aspects in contextualizing current challenges, solution building, policy making and delivery of care in global health.	Banerjee et al., <i>Lancet</i> , 2023 Baump & Antebio, <i>PLOS GPH</i> , 2021 Kieckheaf, <i>BMJ</i> , 2015
Emphasizes on the health and social inequities in low and middle income countries (LMICs), without much consideration of inequities within high income countries (HICs). Leads to showcasing LMICs in a deficit lens without highlighting strengths or expertise in LMICs.	Provides a deep understanding of inequities and injustices in all contexts among equity-denied communities that can be in parallel and cross-cutting. Discusses strengths and weaknesses of all systems including LMICs and HICs. Highlights best practices from LMICs and encourages bi-directional knowledge flow.	Atiand B Pali, <i>Lancet GH</i> , 2023 Banerjee et al., <i>Lancet</i> , 2023
Minimizes discussion on the dynamics of power flow and the elite capture within the field of global health or the need to decolonize the field.	Engages with political determinants and unequal power distribution in global health. Pushes academic institutes to commit to decentralizing global health operations, by co-owning and transferring ownership to Global South institutes, when necessary.	Pai, Bindra, & Kyobutungi, <i>Lancet</i> , 2024 Abimbola et al., <i>PLOS Med</i> , 2021 Saregh et al., <i>BMJ GH</i> , 2022 Tipp et al., <i>BMJ GH</i> , 2021 Kieckheaf, <i>BMJ</i> , 2015
Dismisses power and privilege introspection, anti-racism and anti-oppression concepts and practices.	Engages critical consciousness of one’s own power and positionality to disrupt oppressive structures often grounded in colonialism and white supremacy.	Atkins et al., <i>BMJ GH</i> , 2021 Fragmiti et al., <i>BMJ GH</i> , 2022 Pai, Bindra & Kyobutungi, <i>Lancet</i> , 2024 Banerjee & Banerjee, <i>PLOS GPH</i> , 2023
Offers student practicum or field work that is rooted in extractive practice, such as parachute research and short term medical missions.	Ensures sustainability and long-term partnerships with co-supervision of students from relevant country sites. Actively aim to minimize harmful parachute research while promoting practices that benefits the local communities.	Gichang et al., <i>Global Health Action</i> , 2022 Awanis, Yang et al., <i>McGill Global Health Perspectives</i> , 2021 Banerjee et al., <i>Lancet</i> , 2023
Perpetuate epistemic injustice by ignoring or not paying attention to knowledge produced in the Global South and knowledge holders from the Global South, while favouring white, anglophone, Euro or Global North centric voices.	Prioritises the visibility of knowledge from the Global South and diverse ways of knowing. Also, centres the voices of experts in LMIC countries, racialized expertise Indigenous experts, youth and those from affected communities. Prioritises epistemic justice.	Banerjee et al., <i>Lancet</i> , 2023 Atkins et al., <i>BMJ GH</i> , 2021 Bhakum & Abimbola, <i>Lancet GH</i> , 2021 Pratt & de Vries, <i>BMJ Journal of Medical Ethics</i> , 2023 Krugman, <i>PLOS GPH</i> , 2023
Promotes the ‘HIC gaze’ to a student audience that is mostly Global North students, with voices of international students from the Global South or Indigenous students or racialized students often ignored.	Encourages students to unlearn and re-imagine global health that reflects cultural humility, allyship and solidarity.	Gichang et al., <i>Global Health Action</i> , 2022 Abimbola, <i>BMJ GH</i> , 2019 Abimbola, <i>IRD Editions</i> , 2024

<https://doi.org/10.1371/journal.pgph.0004307.t001>



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**Published:** February 25, 2025

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# Reimagining how we teach global health

## Shifting Power: Trust-based decolonial feminist philanthropy for change

Advancing Gender Equality in Health Series  
Section 3: Time horizons for change



## PLOS GLOBAL PUBLIC HEALTH

REVIEW

### Funders: The missing link in equitable global health research?

Esmita Charani<sup>1,2,3\*</sup>, Seye Abimbola<sup>4,5</sup>, Machukar Pali<sup>6</sup>, Oluwole Adeniyi<sup>7,8</sup>, Marc Mendelson<sup>9</sup>, Ramanan Laxminarayan<sup>10</sup>, Muneera A. Rasheed<sup>11</sup>

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Global health funders need to be institutional allies

## PLOS GLOBAL PUBLIC HEALTH

OPINION

### Towards authentic institutional allyship by global health funders

Samuel Oji Oti<sup>1\*</sup>

Global Health Decolonisation Movement in Africa, Nairobi, Kenya

# De-centering from the Global North

Editorial

BMJ Global Health

## Five years from now, who will be setting the global health agenda?

Anu Kumar

Those of us based in the USA and Europe have been driving the global health agenda for too long. It is time for us to move over.

After nearly 50 years as a traditionally structured international non-governmental organization, Ipas is on a path to dramatically change the way we operate. We are an international reproductive justice organisation, with offices in 16 countries in Asia, Africa and the Americas, working to ensure that abortion and contraception are accessible to all. That mission will not change. But we are transforming from a traditional 'hub and spoke' organisation with power centred in the USA to a 'networked' organisation with authority, power and leadership dispersed and shared across the countries where we work.

# Ipas

<https://gh.bmj.com/content/6/12/e008045>



Evidence synthesis for the south, from the south: The Disability Evidence Portal and evidence-based decision-making in disability-inclusive development



COMPASS Africa is pioneering a leadership structure that offers the field a sustainable model for decolonizing global health. So excited for Pangaea Zimbabwe to lead the coalition in driving HIV policy decisions, programs and funding in Africa.

Learn more about this important transition at <https://www.compassafrica.org/>

COMPASS

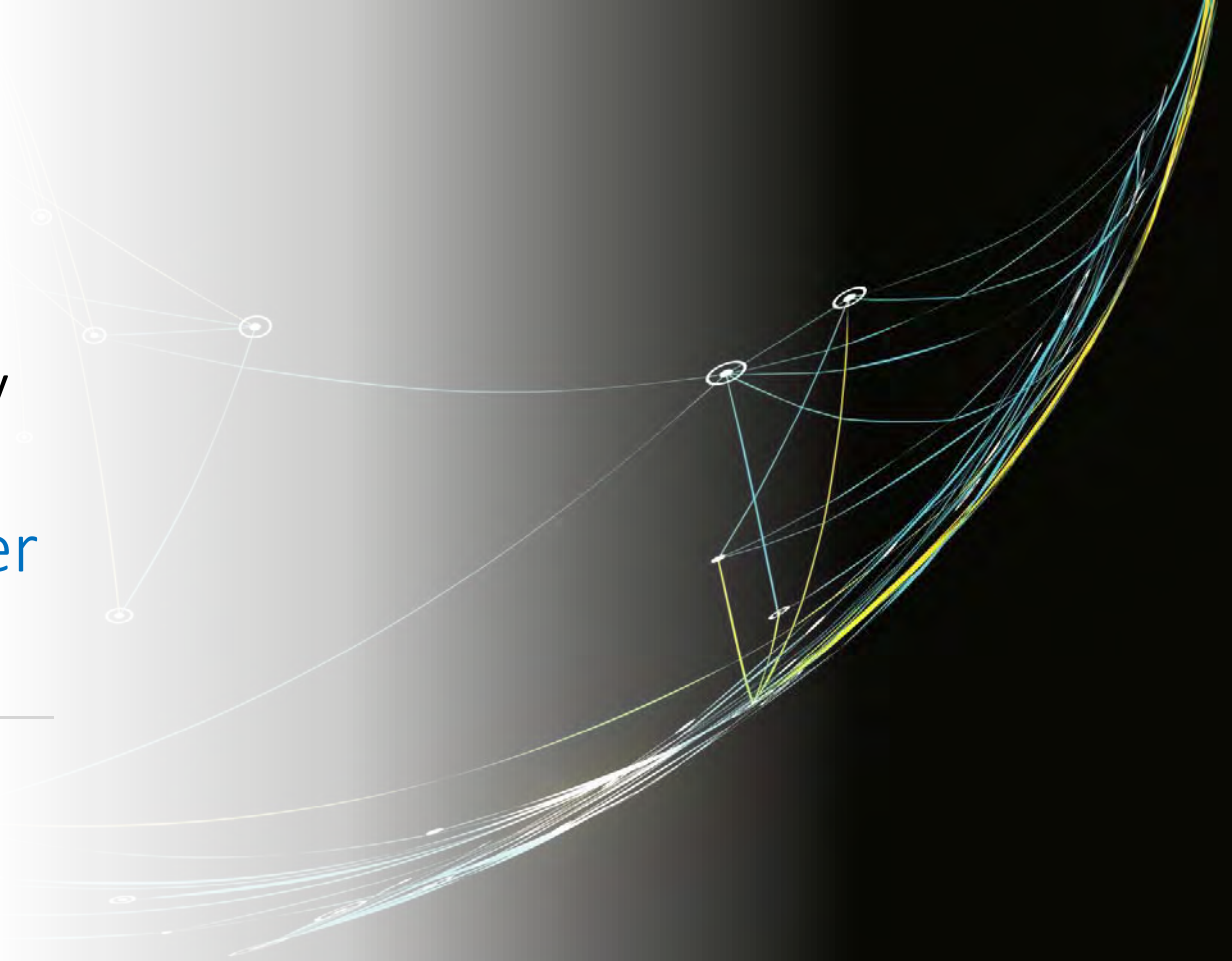
AVAC  
ADVOCACY VOICES ACTION

PZ  
PANGAEA ZIMBABWE



So, there are many  
ways to **diversify**,  
**divest** and **decenter**  
global health...

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# Obstacles

- HIC institutions & countries are designed to maintain power
  - Populistic, far-right governments (e.g. visa denials, vax hoarding, travel bans)
  - Soft money culture in GN academia
  - Criteria for promotion, funding, etc.
- Elite capture & corruption in LMICs used as an excuse for status quo
- DEI efforts now under intense attack!

RESEARCH ARTICLE

## Soft money, hard power: Mapping the material contingencies of change in global health academic structures

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REVIEW

## Global health and the elite capture of decolonization: On reformism and the possibilities of alternate paths

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Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States of America

MAT MAE PRIZE

# 'The Donors are Everything'

Precarity and the Political Economy of Global Health Science

Joshua Parker Allen

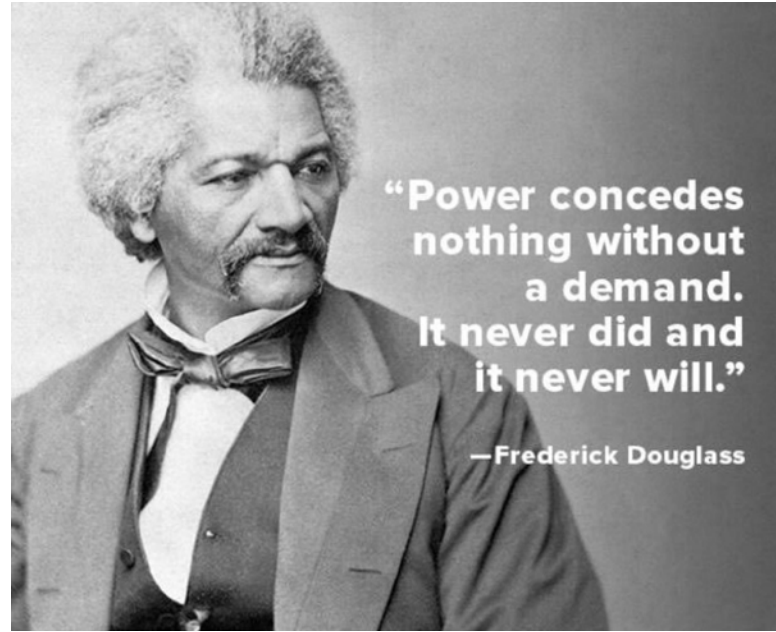
RESEARCH ARTICLE

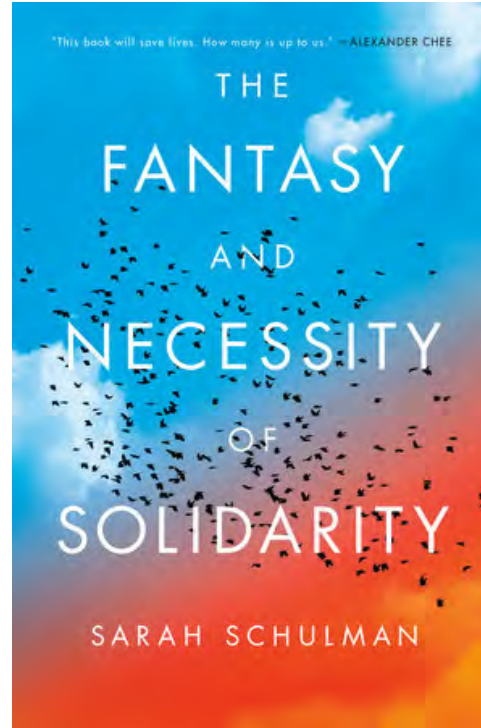
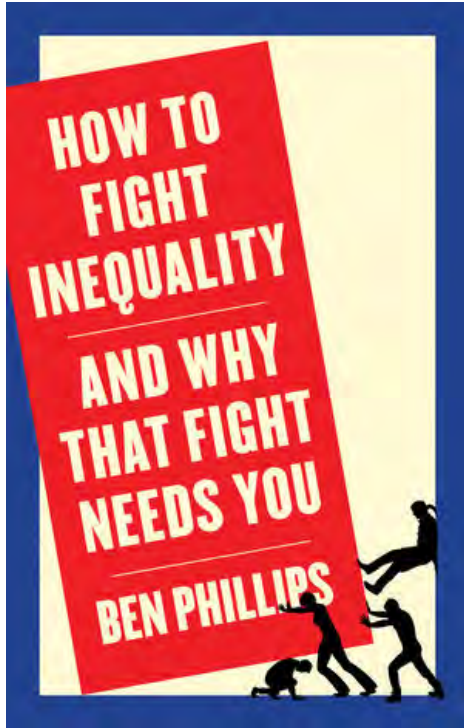
## Exploring supportive roles for global north investigators in global health research

Jade Pearce<sup>1</sup>, Deepa Rao<sup>1,2\*</sup>, Rae Jean Proeschold-Bell<sup>3</sup>, Bethany Hedt-Gauthier<sup>4</sup>, Keshet Ronen<sup>5</sup>, James Pfeiffer<sup>6</sup>, Kearsley A. Stewart<sup>3</sup>, Joao Vissoci<sup>3</sup>, Bryan J. Welner<sup>6</sup>, L. Gayani Tillekeratne<sup>3,5</sup>, Jenell Stewart<sup>6</sup>

**1** Office of the Dean, School of Public Health, University of Washington, Seattle, Washington, United States of America, **2** Department of Global Health, Schools of Public Health and Medicine, University of Washington, Seattle, Washington, United States of America, **3** Duke Global Health Institute, Duke University, Durham, North Carolina, United States of America, **4** Blavatnik Institute Global Health and Social Medicine, Harvard Medical School, Boston, Massachusetts, United States of America, **5** Division of Infectious Diseases, Duke University, Durham, North Carolina, United States of America, **6** Division of Infectious Diseases, Hennepin Healthcare, Minneapolis, Minnesota, United States of America

Change will happen when those who need to be at the 'center' will claim it...





# Even when power shifts, it often is captured by in-country elites

Editorial

BMJ Global Health **Is decolonisation sufficient?**

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Sana Qais Contractor <sup>1,2,3</sup> Jashodhara Dasgupta <sup>4</sup>

**PLOS GLOBAL PUBLIC HEALTH**

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OPINION

From decolonizing global health to neo-colonization by local elites: From the frying pan into the fire

Siddhesh Zadey<sup>1</sup>, Dhananjaya Sharma<sup>2\*</sup>

1 Association for Socially Applicable Research (ASAR), Pune, Maharashtra, India, 2 NSCB Government Medical College Jabalpur (MP), Jabalpur, India

# Can we expect allyship from the ‘colonizer’?

## Global South leaders should strengthen strategic capacity

Alison B Wiyeh<sup>a</sup> · Ferdinand C Mukumbang<sup>b</sup>

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Madhukar Pai and colleagues<sup>1</sup> highlight the need for Global North institutions to assume an allyship position in the decolonisation of global health. Pai and colleagues' vision, anchored in principles of equity and justice, presents an ideal of what global health could become. However, expecting authentic allyship from Global North institutions that stand to lose their control of resources and influence in the wake of true decolonisation, is akin to asking the coloniser to become an ally in the struggle for the freedom of the colonised. This analogy shows a fundamental paradox in their argument.

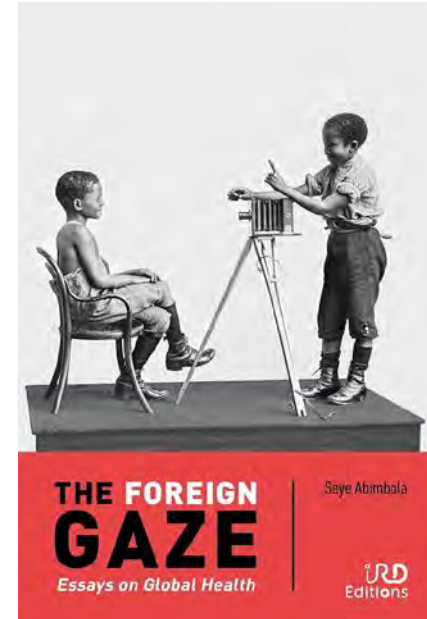
The call for Global South-led leadership in global health is timely, yet it omits the crucial need for capacity building in the governance, business, politics, and economics of global health.<sup>2</sup> Sustainable decolonisation requires empowered Global South leaders who can effectively navigate the interdisciplinary complexities of the global health landscape and use available governance tools to protect national autonomy and advance prioritised health outcomes for their nations, extending beyond technical public and global health skills. Strengthening Global South leader capacities enables them to negotiate favourable terms with external partners and allows for the prioritisation of local development goals. Unfortunately, current global health training programmes are often inadequate, leaving future leaders ill-equipped to confront entrenched power structures.<sup>2</sup>

Global health praxis urgently needs models that prioritise autonomy and self-determination. Without these models, we risk perpetuating cycles of critical commentary that are important for raising awareness, yet yield only incremental change when transformative progress is desperately needed.<sup>3</sup>

“expecting authentic allyship from Global North institutions that stand to lose their control of resources and influence in the wake of true decolonisation, is akin to asking the coloniser to become an ally in the struggle for the freedom of the colonized”

# Allyship is not the same as charity

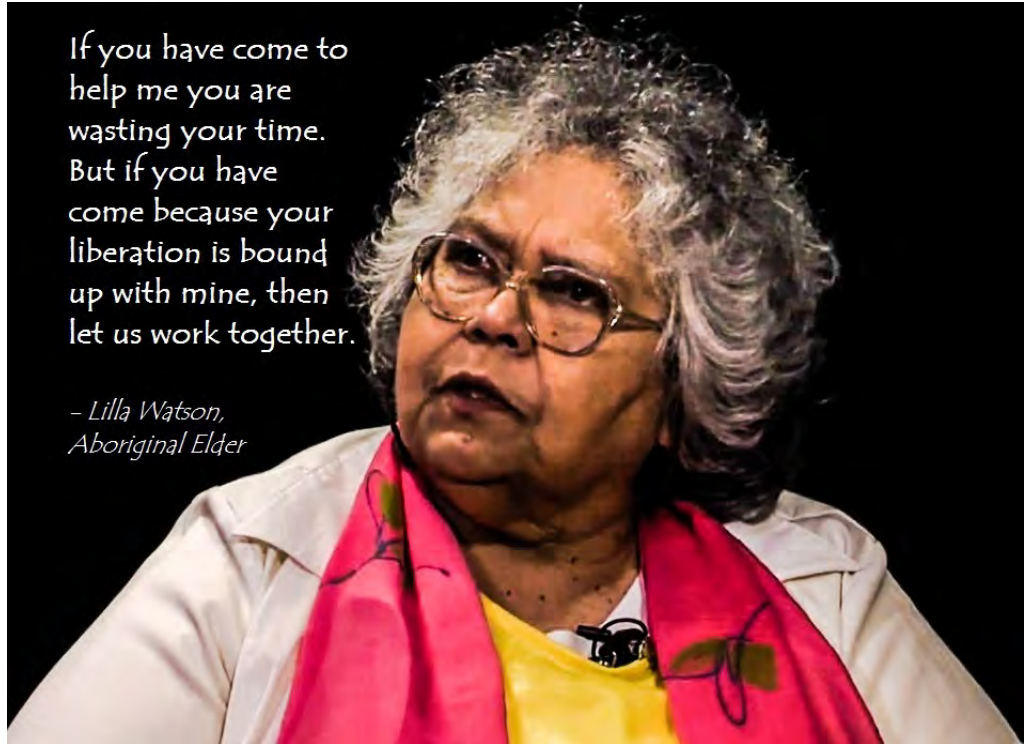
- The sin of dispossession harms the coloniser and the colonised, the oppressor and the oppressed, the master and the enslaved, the rich and the poor. The two parties – we – must get to a place where we both acknowledge that we need each other to be made whole
- The helping is reciprocal, not charity
- It is mutual liberation: the opposite of colonial love. It is justice.

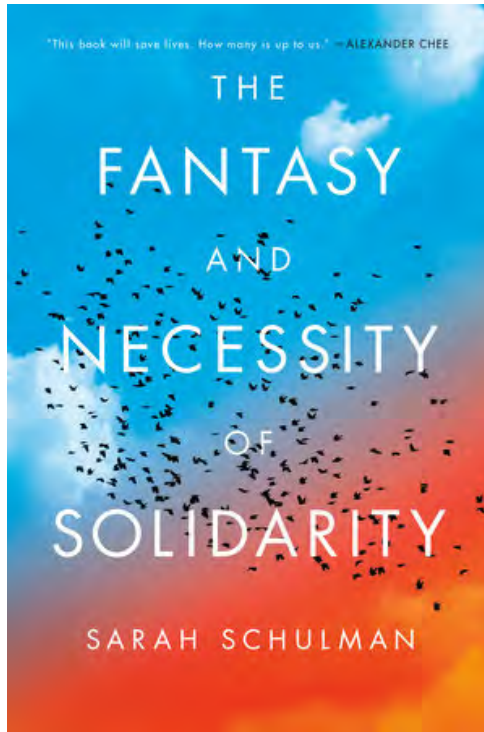


# From Allyship To Collective Liberation

If you have come to  
help me you are  
wasting your time.  
But if you have  
come because your  
liberation is bound  
up with mine, then  
let us work together.

*- Lilla Watson,  
Aboriginal Elder*





“In today’s world of globalized power structures, true solidarity requires the collaboration of bystanders and conflicted perpetrators with the excluded and oppressed. That action comes at a cost and is not always effective...

And yet without it, we sentence ourselves to a world without progressive change towards visions of liberation”

Sarah Schulman

<https://www.penguinrandomhouse.com/books/771411/the-fantasy-and-necessity-of-solidarity-by-sarah-schulman/>



*Thank  
you*

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