

# **Global Health Mentorship: Challenges and Opportunities for Equitable Partnership.**

McGill Reimagining Global Health Course,

June 12, 2025.

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.

# “Global Health”

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**Defining global health: findings from a systematic review and thematic analysis of the literature**

[Melissa Salm](#) <sup>1,✉</sup>, [Mahima Ali](#) <sup>2</sup>, [Mairead Minihane](#) <sup>2</sup>, [Patricia Conrad](#) <sup>3</sup>

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## What is global health? Key concepts and clarification of misperceptions

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# Areas of Agreement Consensus

## Definition of Global Health

While it is difficult to achieve consensus on the definition of global health, epistemic justice, social justice, solidarity, and equity lie at its core

# Should We Decolonize Global Health?

## Decolonizing global health: what should be the target of this movement and where does it lead us?


Xiaoxiao Kwete , Kun Tang, Lucy Chen, Ran Ren, Qi Chen, Zhenru Wu, Yi Cai & Hao Li

*Global Health Research and Policy* 7, Article number: 3 (2022) | [Cite this article](#)

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## Why and for whom are we decolonising global health?

Ong'era F Mogaka <sup>a</sup> , Jenell Stewart <sup>b,c</sup> · Elizabeth Bukusi <sup>a,b</sup>

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## Decolonising global health: if not now, when?

Author affiliations · Ali Murad Büyüm <sup>1</sup>, Cordelia Kenney <sup>1</sup>, Andrea Koris <sup>2</sup>, Laura Mkumba <sup>3</sup> , Yadurshini Raveendran <sup>4</sup>  

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What research evidence can support the decolonisation of global health? Making space for deeper scholarship in global health journals

Sudha Ramani, PhD <sup>a</sup> , Eleanor Beth Whyte, PhD <sup>b</sup> · Nancy Kagwanja, MSc <sup>c</sup>


JOURNAL ARTICLE

## Decolonising global health: transnational research partnerships under the spotlight

David S Lawrence , Lioba A Hirsch

*International Health*, Volume 12, Issue 6, November 2020, Pages 518–523,

<https://doi.org/10.1093/inthealth/ihaa073>

Published: 09 November 2020 [Article history](#) 

## Guiding Quotes for this Discussion



“Decolonizing global health is not about replacing one hegemonic system with another but dismantling systems that perpetuate inequities and building ones that promote justice.”

**Seye Abimbola = need for a paradigm shift – no room for business as usual**

“Global health remains dominated by the Global North. Until we tackle power imbalances, global health will continue to perpetuate the very inequities it seeks to address.”

**Madhukar Pai = Watch out for the elite capture of global health, epistemic dominance is real**



## Guiding Quotes for this Discussion



"The master's tools will never dismantle the master's house."

**Audre Lorde = intentionality and courage**

"The idea that some lives matter less is the root of all that is wrong with the world."

**Paul Farmer = health is a human right, no more, no less**

"Come in and ask us what we think is important. And create capacity."

**Patricia Garcia = local-indigenous knowledge and wisdom, non negotiables**



# Why Decolonize Global Health?

There is however a high level of consensus on the core dimensions of Global Health:

**Equity**

**Solidarity**

**Justice**

**Humanity**

**Ethics**

- Lessons from: HIV, Ebola, COVID – 19, Mpox. (access to drugs, vaccines, clinical trials)
- Colonial legacies – historical injustices (practices to protect colonizers)
- Elite capture of knowledge (epistemic capture)
- **Epistemicide** “the killing, silencing, annihilation, or devaluing of a knowledge system (epistemic violence, dominance, arrogance, injustice)
- Houses of power in the global north (leadership, funding, epistemic dominance)
- Inequitable partnerships (research, international development and funding agenda setting)
- Ethics (helicopter research, helicopter ethics approvals)

# Who is Who in Global Health?



[Data](#) show that two-thirds of global health agencies are headquartered in just three countries: Switzerland, UK and USA.

More than 80% of CEOs and board chairs of global health organizations are nationals of HICs. Leadership across the global health sector is mainly in the hands of older men from HICs.

A typical CEO of a global health agency is 3-times more likely to be a male, 4-times more likely to be from a HIC, and 13-times more likely to have been educated in a HIC.

## 2020 Global Health 50/50 Report

# Areas of Agreement - Consensus

Vaccine Hoarding in COVID-19 is a clear indication that the global south should **NOT** count on global health solidarity

Decolonizing global health will require: intentionality, courage, **partnership in dignity**, respectful – ethical epistemic disobedience

## Success Stories with the Decolonization of Global Health Movement?



### Increased awareness

**Equity-Focused Funding:** Wellcome Trust and Gates Foundation, are reconsidering their funding mechanisms to prioritize local leadership and equitable partnerships (The Localization agenda)

Institutions are adopting frameworks like the Research Fairness Initiative (RFI) to ensure **equitable research practices**.

**Curriculum Reform:** Universities and training programs are revising curricula (**McGill**) to include decolonial perspectives, local knowledge systems, and the voices of Global South experts.

# Some priorities for a “New Global Health”

Decolonizing global health knowledge systems – fighting epistemic violence, **decolonizing the decolonization movement – elite capture**

Partnerships in dignity (equitable partnerships)

Decolonizing global health mentorship and capacity strengthening



# Equitable partnerships in global Health ( a must know to be able to decolonize GH)

Source	Definition
Zamman et al	Framework comprised of four pillars: <b>co-creation, communication, commitment and continuous review. These should be grounded on fairness, respect, care and honesty.</b>
Prasad et al (The Advocacy for Global Health Partnerships (AGHP), Brocher Declaration	Six principles: <ul style="list-style-type: none"> <li>- <b>Mutual partnership with bidirectional input and learning</b></li> <li>- Empowered host country and community defines needs and activities</li> <li>- Sustainable programs and capacity building</li> <li>- Compliance with applicable laws, ethical standards and code of conduct</li> <li>- Humility, cultural sensitivity, and respect for all <b>involved (Allyship is a must for a new global health)</b></li> <li>- Accountability for all actions</li> </ul>
Four approaches in supporting equitable research partnerships: ESSENCE and UKCDR Good Practice Document	4 approaches built on mutual respect and trust: <ul style="list-style-type: none"> <li>- Understand the ecosystem</li> <li>- Build relationships</li> <li>- Allocate resources</li> <li>- Transform processes</li> </ul>
CDC: Strategies for Successful Partnerships to Enhance Workplace Health Programs	<ul style="list-style-type: none"> <li>- Ensure a common vision</li> <li>- Approach an organization with a plan, but be flexible as necessary</li> <li>- Develop a plan that clarifies expectations and shared values</li> <li>- Build and sustain the partnership</li> <li>- Identify and solve problems jointly</li> <li>- Start small</li> </ul>

# Equitable partnerships and decolonization of global health process. Why?

1. Relevant in fighting helicopter research
2. Context relevant research
3. Fighting epistemic dominance and epistemic violence
4. Key in being respected on the scientific publications
5. Increase the value and importance of local/indigenous knowledge

**Should not accept all partnerships if these are not equitable = Partner with Dignity**

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# Global Health Mentorship: Challenges and Opportunities for Equitable Partnership

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# Decolonizing Knowledge systems

- Need for more Global Health Centres of Excellence in the Global South

Why should a Cameroonian students for instance continue to study for an MSc in Global Health on NTDs - HIV in London?

- Knowledge exchange – conferences should be respectful, equitable, and reasonable:

\*\*\* Visa apartheid, reality

Why should an HIV or TB global conference be organized in Melbourne or Montreal???

**Attend conferences with dignity.**

# Decolonizing Knowledge systems

**Will NOT be handed on a golden plate:** awareness, persistence, consistency, courage

In a recent reflection on *Maladies of Empire* by Jim Downs, Horton (Editor in Chief of the Lancet) reported how the significant contributions of key players like “enslaved Africans” was hidden (intentionally) in the field of epidemiology

**Relying on good faith (solidarity) is a recipe for failure: remember  
COVID-19**

## Why the Decolonization of the Global Health Movement Risks Becoming a Buzzword



**Tokenism and Symbolism:** Without meaningful structural changes, decolonization risks being reduced to performative gestures (Mahudkar Pai gives an example of performative charity)



**Co-optation by Power Structures (elite capture):** The movement may be appropriated by existing global health power elites, repackaged to serve their interests, and stripped of its transformative potential.



**Lack of Clear Frameworks:** Ambiguities in defining and operationalizing decolonization can dilute its purpose, leading to fragmented efforts and conflicting interpretations.



**Exclusion of Local Voices:** If not anchored in authentic community-led processes, the movement risks reinforcing existing hierarchies and marginalizing the very voices it aims to elevate.



# Decolonizing Global Health Mentorship

**Researchers from the Global South face unique global health mentorship challenges**

- limited opportunities, access to mentorship opportunities,
- lack of a healthy mentorship culture,
- weak and insufficient institutional support,
- language barriers (non-English speakers)
- and colonial – inferiority mindset.

# Decolonizing Knowledge systems (fighting epistemic dominance and epistemic violence)

- Value local knowledge (capacity, journals)
- Funders have a role to play (basing selection of proposals on the number of peer reviewed publications in Western high impact factor journals, an inherently biased and unjust system).
- New paradigms in research and funding priority setting (co-creation in the entire research cycle)
- Capacity strengthening should not be predominantly individual, but systemic (invest in strengthening grant management capacity for instance).

# Effective Decolonization of Global Health



Expertise in Global Health ([Chiamaka P Ojiako](#) and colleagues (2023) in PLOS Global Health)

- We cannot attempt to decolonize what we do not know
- who qualifies as an expert, and who may not. And why is it important?
- There is neither a universally accepted definition of global health expertise nor credentials to decide who a global health expert is
- Expertise in global health is complex, multidimensional, and context-dependent. It goes beyond academic credentials and technical skills, requiring a deep understanding of social, cultural, political, and economic factors influencing health across diverse settings.

# Effective Decolonization of Global Health



## Who is Not a Global Health Expert?

### Knowledge Without Context

**One-Dimensional Expertise:** Practitioners with experience confined to a single country or discipline without exposure to global contexts, and how interconnected disciplines are

**Superficiality:** Individuals engaging in short-term, uncritical global health work without understanding its ethical, social, and historical dimensions.

**Savior Complex Advocates:** Those who approach global health with a paternalistic mindset, assuming Western superiority or imposing solutions without local input.

# Effective Decolonization of Global Health



**Redistributing Power and Resources:** Shift decision-making authority, funding, and leadership to local experts and institutions in low- and middle-income countries (LMICs).

**Revising Curricula and Narratives:** Update global health education to include diverse perspectives, histories, and contributions from LMICs. Highlight contributions from non-Western thinkers, scholars, and traditions in educational institutions globally.

**Promoting Equitable Partnerships:** Foster collaborative, mutually respectful relationships between global health stakeholders, emphasizing shared ownership of research and program outcomes.

# Effective Decolonization of Global Health



**Addressing Language and Representation:**  
Encourage multilingual communication and publications to dismantle linguistic barriers and Anglocentrism in global health.

# Effective Decolonization of Global Health



## **Centering Indigenous and Local Knowledge:**

Recognize and validate the knowledge systems, practices, and epistemologies of Indigenous and marginalized communities.

## **Redefining Knowledge Production Processes:**

Shift power in research design, data collection, and analysis to local researchers and communities.

# Effective Decolonization of Global Health



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Recognize and validate the knowledge systems, practices, and epistemologies of Indigenous and marginalized communities.

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# Limitations of the Decolonization of Global Health Scholarship

**Emotional or Kneejerk Scholarship and Global Health** refers to reactionary or superficial research and practices driven by immediate emotional responses, popular trends, or external pressures rather than thoughtful, critical, and evidence-based approaches.



## Future Directions for meaningful Decolonization of Global Health



Intellectual humility and inclusive epistemic recognition are certainly big wins for global public health.

Healthy and respectful South–South and North– South collaborations and partnerships are needed = Allyship

Rethink the training of global health students in the global south:  
Fight inferiority complex – or established **saviourism models, as they** value co-learning or parallel learning

# Future Directions for meaningful Decolonization of Global Health



**Critical mass of true** - courageous global health scholars who understand the challenges

**Interdisciplinarity – transdisciplinarity:** best practices on how best to work together  
(challenges of our times are complex)

**Social sciences (beyond the biomedical model):** Linguistics: language- anthropology of language from the equity and conceptual sides of things, Economists

Major actors in the field are lacking: **politics, international relations - diplomacy** and history: **Good science and good politics = change**

# Future Directions for meaningful Decolonization of Global Health



To decolonize global health effectively, we must continuously question:

knowledge, expertise, methods, power, agenda.

For whom, by whom, with whom!!!

Luchuo Engelbert Bain

**THANKS FOR YOUR KIND ATTENTION**