

March 26, 2024
9:00 AM – 10:30 AM ET

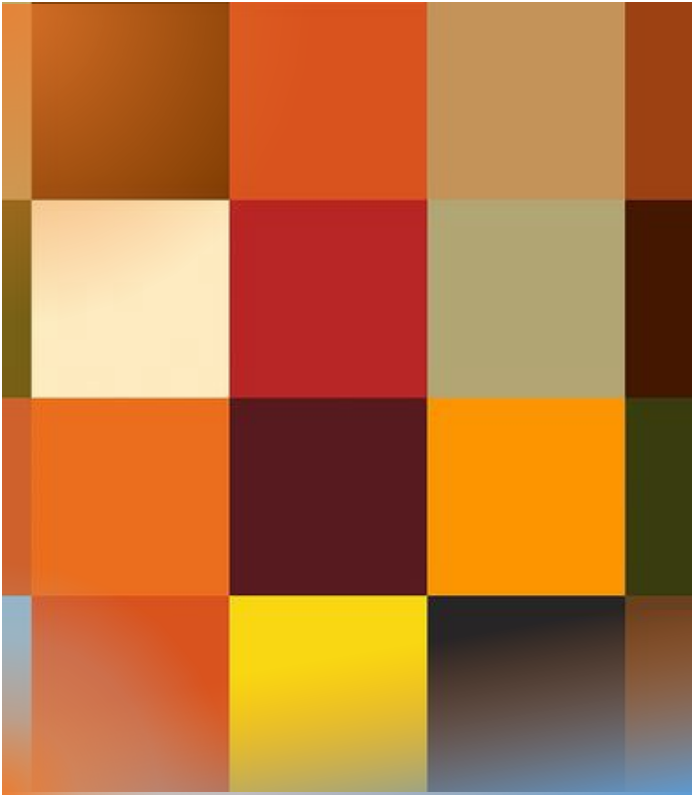
Decolonizing Global Public Health

Exploring the How... From Now Til as Long as it Takes

**Welcome!
Thank you for
joining us today.**



Today's Playlist



**Come
Jesus
Come
CeCe
Winans**

**Commas
Ayra Starr**

**Children
of the Sky
Imagine
Dragons**

**Go Low
Pheelz**

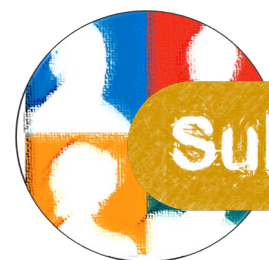
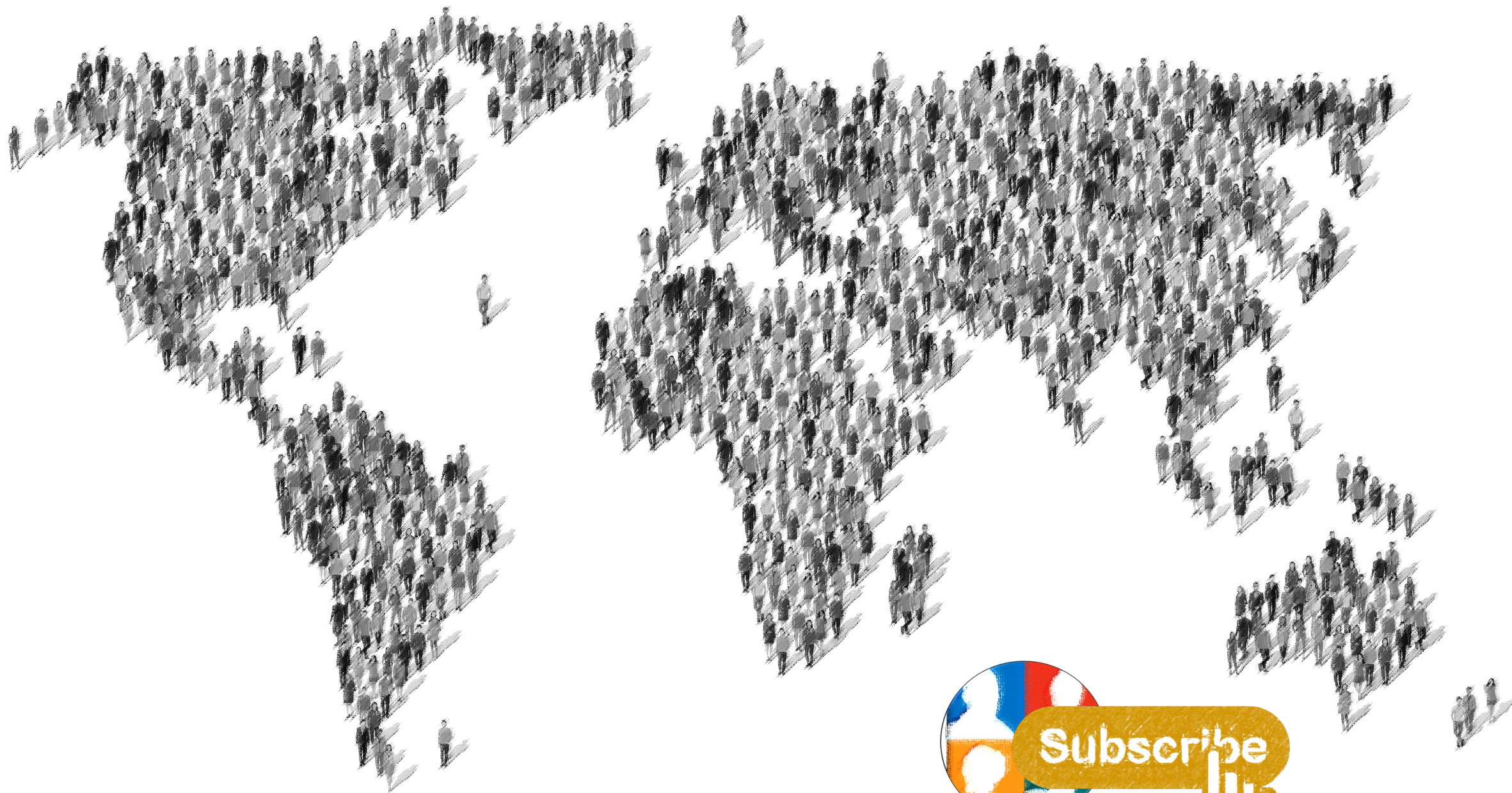
**Ohema
Victory**

**I Have a
Dream
ABBA**



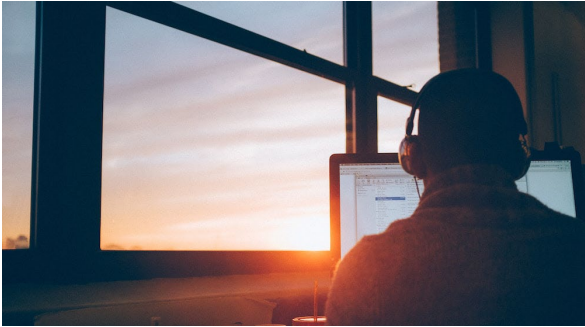
HIV prevention research - a new forum
for advocacy on the latest

avac.org/project/choice-agenda



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Next up!
April 5
April 9



**THE
CHOICE
AGENDA**



NEW EPISODE — avac.org/px-pulse

Decolonizing Global Health: Dr. Madhukar Pai and COMPASS Africa Tell Us Why and How

PANELISTS



Francis Luwole
COMPASS Tanzania



Barbra Ncube
Pangaea Zimbabwe



Dr. Madhukar Pai
McGill University



Jeanne Baron
Host, AVAC



Decolonizing Global Public Health

Exploring the How... From Now Til as Long as it Takes

Speakers:

- Preethi John – University College London
- Bridget Malewezi – Mothers2mothers Malawi
- Mareli Claassens – University of Namibia
- Julieta Kavetuna – Member of Parliament, Namibia

Moderator:

Alice M. Kayongo – O'Neill Institute for National and Global Health Law





GLOBAL BUSINESS
SCHOOL FOR HEALTH

Decolonizing Global Public
Health: Exploring the How, from
Now til as Long as it Takes

Preethi John
Assoc Professor GBSH, UCL



HIV prevention research - a new forum
for advocacy on the latest



Thank you for your interest and questions

- According to the presenters what does decolonizing global public health mean to them and how it looks practically?
- I would like to understand what "decolonization" means in this context, how it was before, and how it will be after decolonizing
- What has improved? What is still missing or done wrong?
- What kind of groups are having these discussions? How can you make broadstroke assumptions for the global community?
- How to make sure that decolonization of Global Public health is not just a broad concept? How to make this a reality ?
- And several more



From an academic perspective perspective : Decolonisation



WHAT IS IT



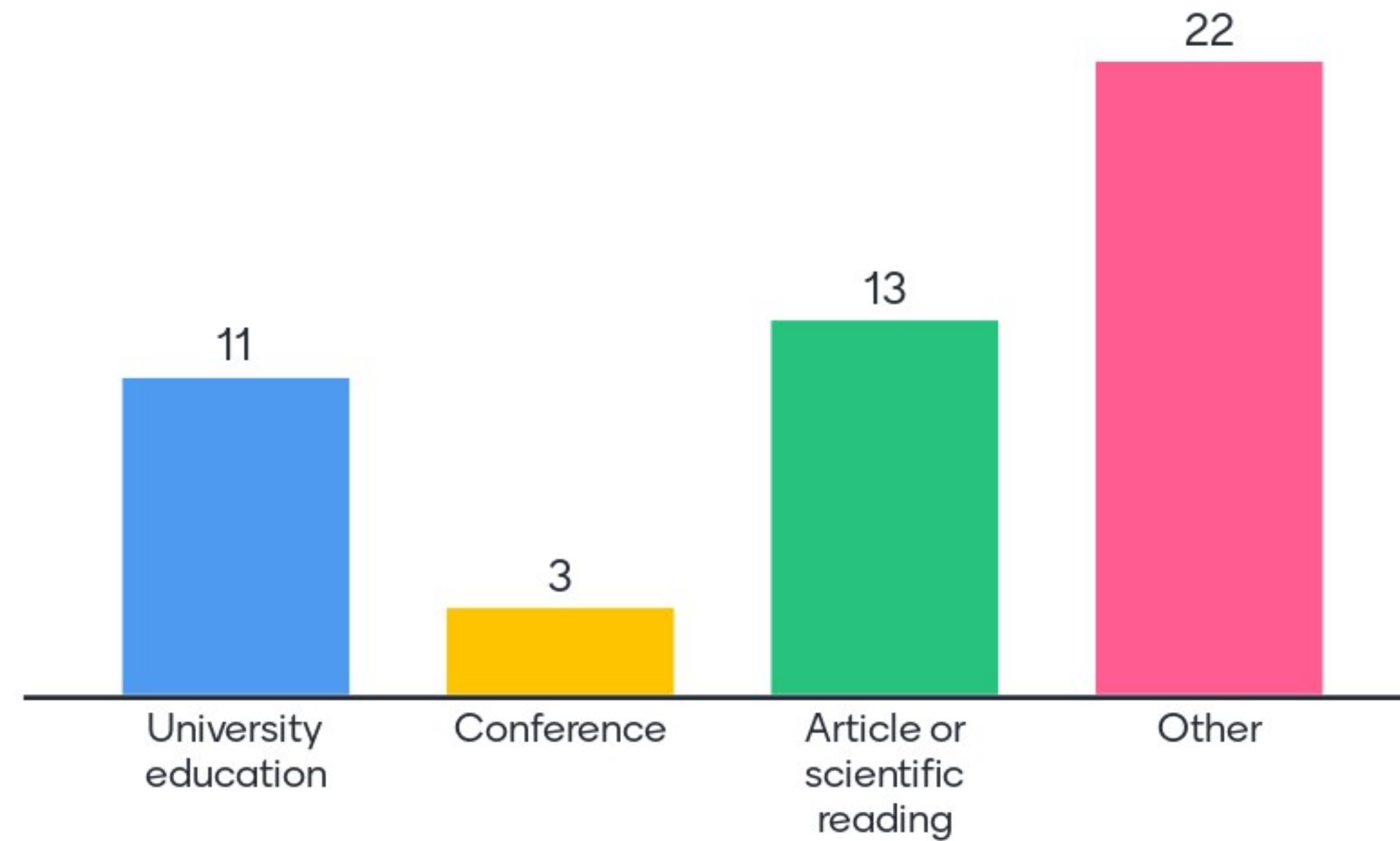
ENVISION THE FUTURE



CALL TO ACTION



Choose the single option from where you learned about decolonisation?



What is your call to action

Bring about change

Commit to it, even when it hurts

Equal respect equal power

Getting to the table with policy makers

Centre the voices of those who face health inequities

all at the decision making table

Service integration

Funding commitments

What is your call to action

Getting lawmakers to accept decolonization as a concept

Youth involvement

Compassion for diversity and respect

Open and honest discussion

Transfer of skills

Youth engagement

Understand interests behind aid/development

Develop charter of principles to guide future public health work

What is your call to action

Unlearning and relearning

Be led by those who have been colonized.

Power balance with funding

Relinquish power and center people from the Global South. Amplify their voices

Don't allow a fast moving environment to let you fall back on the norm

Being a safe harbor for those that come to us

Global North funders to shift funding dynamic

Fund and follow leadership from the Global South.

What is your call to action

Representation in
decision making

People from the affected
regions must drive efforts to
address their own problems

Empowering communities to
take lead to address issues
that affect them

Local Leadership

Local decisions based on
local experience by local
experts

Transfer of skills

Ten cups of tea, learning to
listen, building the
relationships and trust to
begin the change.

Listen more

What is your call to action

Relinquish power



Governments must pay

Proactively working
toward change internally
and externally

We need to prioritize public
access to high quality
information, empowering
community-driven action and
democratizing practical tools

Political commitments
are needed but the
money is more important

TURNING POINT

 OPEN ACCESS  Check for updates

On Decolonisation and the University

Priyamvada Gopal

Faculty of English, University of Cambridge, Cambridge, UK

ABSTRACT

Is 'decolonisation' relevant at all to the university situated in Britain and other former colonial centres? Answering broadly in the affirmative, this essay situates the project of 'decolonising' the metropolitan university within a wider historical and intellectual context while delineating some of the key questions such an endeavour might grapple with. It argues that 'Western' universities can lead the increasingly vital task of historical self-understanding in the constituent polities and societies of the geopolitical 'West'. Decolonisation is reparative of the 'European' itself, seeking to understand and to extend knowledge about how cultures and communities outside it have shaped 'Europe'. Reframing discussions of decolonisation in the light of anticolonial thought – as the theory and practice of anticolonialism – gives grounding, heft and direction to them, enabling rich questions to be posed and answered towards the wider horizon of making another world possible.

Gopal, P., 2021. On decolonisation and the university. *Textual Practice*, 35(6), pp.873-899.

Spectrum of perspectives on decolonisation

Colonisation

Decolonisation

Recolonisation

Terms: Indigenous; localisation; tribal; native, glocal

From an Academic Perspective



Comment

Glocal is global: reimagining the training of global health students in high-income countries

Traditionally, training students in global health from high-income countries (HICs) has focused mostly on health problems of the Global South, and on trainees travelling to low-income and middle-income countries (LMICs) for experiential learning or research to complement the theory they are taught. These experiences can be personally transformative and might also evoke a profound awareness of students' own privilege, forcing them to consider how they might spend their privilege.

However, this saviourism model of the traditional training of global health students in HICs and the as front-line, essential workers in the service industries characterised by lower wages and limited health benefits.⁹ This higher infection rate was compounded by reduced access to COVID-19 testing and access to information in their native language. Strong advocates from the South Asian community, working together with public health agencies, recognised these barriers early on and succeeded in ensuring improved access to testing and vaccines. However, these breakthroughs came later in the pandemic, after the South Asian communities were severely affected. Similar experiences were reported in the UK and the USA.^{10,11}

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This online publication has been corrected. The corrected version first appeared at [thelancet.com/journal/2023/09/18](https://www.thelancet.com/journal/2023/09/18) on September 25, 2023.

Anand, S.S. and Pai, M., 2023. Glocal is global: reimagining the training of global health students in high-income countries. *The Lancet Global Health*, 11(11), pp.e1686-e1687.



Curriculum

Program/elective/core module



Learning methods

Who is teaching? Which target audience? All in health care - in all regions



Assessment

Which perspective is being assessed?



Call to Action



Curriculum

Influence to incorporate

At all levels

Influence and power not just the
count



Training of Trainers

Executive education

Continuous education



Partnership

Academia – Industry - research

Stakeholders which shape politics



Discussion continues...



Theme: Colonisation
impact on public health &
women's interventions

Presented by: Bridget Msolomba Malewezi



AGENDA

1. Impact of colonial legacies
2. Enduring health influences on public health
3. Addressing the health disparities: putting women first
4. Call to action



IMPACT OF COLONIAL LEGACIES

- The historical context
- Colonial impact on societies
 - Migrant labour and family structure destabilisation
 - Reinforcement of patriarchal systems
- Impact of western religion vs traditional religion & practices on health, resulting in:
 - Loss of cultural heritage
 - Health inequities
 - Limited access to healthcare





- **The urban/rural divide**
 - Healthcare access and outcomes between urban and rural areas
 - Urban concentrated resources and infrastructure
 - Exacerbated health inequities
- **Persistent global disparities**
 - Disparities between the Global North and Global South
 - Limited access to quality maternal healthcare
 - Gendered nature of HIV infections

ADDRESSING THE HEALTH DISPARITIES: PUTTING WOMEN FIRST



- Empowering Women for Health
- Equity
- Leveraging proven models for improved health outcomes:
 - The m2m peer model
 - Recognising the role of female community health workers
 - Investing in African women to address African health challenges
 - Engaging communities for sustainable change
 - Building effective multisectoral partnerships
- The results = improved health outcomes for families and communities



CALL TO ACTION



Invest in local organisations and invest in women, particularly African women



Thank you!

 m2m.org

 [@mothers2mothersintl](https://www.facebook.com/mothers2mothersintl)

  [@mothers2mothers](https://www.linkedin.com/company/mothers2mothers)

 [@m2mtweets](https://twitter.com/m2mtweets)

Decolonization in academic research

Quote (Jean-Jacques Rousseau)

- Freedom is the power to choose our chains

The example of Covid-19

- Distributive justice (who gets "the best vaccines" the quickest)
- Academic freedom (conference attendance, studies abroad) – vaccines and visas
- Who gets to present at academic conferences?
- Who gets funding to do research? (PEPFAR, EDCTP; Global North and South)
- Who does the work? (women in healthcare)

Scientific endeavor in the "Global South"

- Omicron variant in SA/Botswana, November 2021 – travel blocked

Authorship

- Stuck in the middle or underrepresented

Quote (Desmond Tutu)

- If you are neutral in situations of injustice, you have chosen the side of the oppressor
- Choose a side and what else? (actionable steps)

DECOLINIZATION OF GLOBAL HEALTH: THE POLITICS AND FUNDING GLOBAL HEALTH



WHY IS DECOLINIZATION OF GLOBAL HEALTH A POLITICAL ISSUE?

- Decolonising global health advances an agenda of repoliticising and rehistoricising health
- We can not talk about decolonizing without discussing colonialism's most fundamental legacy in global health and examining the global political economy
- **Health Financing - Abuja declaration (1989)**

How much do countries spend on health?

Where does that money come from?

And how is it spent?

Is aid real aid and when will be aid?

If "resource-limited" countries' net outflows have always exceeded inflows, how can they ever build sustainable and adequate health systems?

HOW TO ACT: IMPACTFUL

- **A paradigm shift** - To discuss the impact of colonialism and capitalism on the actualization of political will and leadership of impoverished countries. Challenges to sovereignty are addressed through the framework of social theories and practices that can improve responses
- **A knowledge shift by;**
 - Decolonizing the minds
 - Understanding Histories
 - Access to knowledge
 - Recognizing expertise
 - Inclusivity

LEADERSHIP SHIFT

ELIMINATE - COLONIALITY

- REDUCE – Systematic inequalities

RAISE – Neglected areas

- CREAT – New knowledge

“ THE GLOBAL HEALTH WE WANT”

The end goal of decolonization is more equitable, inclusive and just approaches to addressing global health challenges, where communities and nations of Indigenous people and the Global South have control and ownership over their own health research, research products and agendas.

RESPONSE TO QUESTIONS

- What do you think of the use of sub-Saharan Africa as a term?
- How will we achieve decolonization of global public health when we still have dependency on the colonizers for funding?
- What do you think of the use of sub-Saharan Africa as a term?
- What role can indigenous knowledge systems play in reshaping global public health approaches?