



**GHDM**

**PRAGMATIC APPROACHES TO  
DECOLONISING  
GLOBAL HEALTH IN AFRICA**

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# PRAGMATIC APPROACHES TO DECOLONISING GLOBAL HEALTH IN AFRICA

## A guide for global health practitioners and organisations in High-Income Countries

This document presents “common-sense” approaches to decolonising global health practice. It specifically speaks to various categories of global health stakeholders based in high-income countries (HIC) with respect to their activities in or about Africa. Given that the approaches mentioned in this document are founded on general principles of diversity, inclusion, and equity, we believe that they could also be applied with respect to other persons or groups that are Underrepresented in Global Health (UGH). We acknowledge that a document this concise is unlikely to capture every aspect of tackling the persistent power-imbalances and inequalities in global health practice. Nevertheless, we hope that you will find it a useful starting point. We sincerely welcome feedback for improving the document. Please send your suggestions to [info@ghdmafrica.org](mailto:info@ghdmafrica.org)

### ALL ORGANISATIONS AND PRACTITIONERS



#### COMMON MANIFESTATIONS OF COLONIALITY

You may or may not be aware of overt racism and or microaggressions against Africans and UGH persons within your organisation.



#### WAYS TO DECOLONISE

Commit to combat all forms of racism and discrimination in your sphere of influence.

Take concrete steps to decolonise your organisational structure, policies, and practices. For example,

- conduct diversity, equity and inclusion (DEI) surveys
- diversify your workforce through unbiased recruitment and promotion practices
- appoint DEI champions
- develop DEI manual
- train all your employees on implicit bias and cultural awareness.

Aim to create an environment where everyone, Africans and UGH persons especially, are empowered to speak out against racism, and to better equip your managers to handle these issues appropriately. Update your organisational Code of Conduct accordingly.

Set DEI targets, measure, and monitor progress regularly.

## GLOBAL AND MULTINATIONAL ORGANISATIONS



### COMMON MANIFESTATIONS OF COLONIALITY

Your senior leadership and governance roles, and key technical/operational positions are dominated by HIC practitioners.

Your regional or country offices in or for Africa have no real power or authority to make strategic decisions or allocate resources, and they are seldom led by people with significant African experience and networks.

Your decisions about who gets hired or promoted discriminates against people whose credentials or expertise are obtained in Africa.



### WAYS TO DECOLONISE

As vacancies open in key positions, ensure that you give priority to recruiting or promoting African and UIGH practitioners to ensure that they are proportionately represented at the highest levels.

Consider incentivising HIC practitioners occupying such positions to voluntarily “lean out” to create space for underrepresented groups.

Support, sponsor and encourage high-potential African and UIGH employees to participate in leadership development programs and opportunities.

Overall, recognise that valuing diversity should not be construed as giving “special consideration” to a person because they are of a certain group or identity. The diverse perspectives, experiences, and contextual knowledge that the person brings should be viewed as valuable skills in their own right.

Revise your organisational policies and structure to give your African office(s) more power, influence, and control over strategic decisions and resources. Revise your talent management processes to prioritise African expertise (without compromising quality, fairness, and transparency) when filling leadership positions at your African office(s) and or at your global office(s).

Use blind or anonymous recruitment platforms (such as [beapplied.com](https://beapplied.com)) and processes. Train your hiring managers to challenge their implicit biases constantly and consciously. Be aware that traditional recruitment considerations such as Salary History and Letters of Recommendation often reflect and perpetuate biases against Africans and UIGH persons. Determine your job evaluation criteria thoughtfully and deploy methods such as holistic review methods in shortlisting candidates.

## INDIVIDUAL PRACTITIONERS



### COMMON MANIFESTATIONS OF COLONIALITY

Consciously or subconsciously, you get defensive, deflective or denialist regarding your own privileges or the power imbalances that plague global health practice.

You are impelled by narratives about Africa that focus on the continent's deficits rather than its implicit strengths or assets.

You consciously or subconsciously believe in the unidirectional flow of expertise from HIC to African and UIGH practitioners or organisations.

You treat the expertise and opinions of your HIC counterparts as superior to that of African practitioners.

You have mostly only mentored, advised, or recommended people who look like you.



### WAYS TO DECOLONISE

Commit yourself to becoming an ally in the fight for diversity, equality, and inclusion in the practice of global health. For starters, you can take the GHDM-Africa allyship pledge at our website [ghdmafrica.org](http://ghdmafrica.org)

Educate yourself about coloniality in global health and get trained in recognising and challenging your own implicit biases.

Needless to say, the images of poverty and underdevelopment across Africa as portrayed by the Western media only tell part of the story. The surest way to break this stereotype is to cultivate a genuine network of African practitioners (including those in diaspora) that is founded on mutual respect.

Reject "saviourism" in all its manifestations. For example, refuse to be part of collaborations that do not give equal opportunity and reward to the contributions of your African and UIGH counterparts.

Epistemic violence remains a deeply entrenched vestige of colonialism, especially in academia. Show respect and regard for local and indigenous knowledge and expertise. There are and will always be diverse sources of knowledge and ways of knowing. For a start, make a commitment to citing or consulting a diverse set of authors and experts in your field.

Get yourself trained in culturally aware mentoring as you take steps to actively recruit Africans and UIGH persons as mentees. As is expected of every good mentor, champion your African and UIGH mentees and guide them to appropriate networking and professional development opportunities.

You desire a more diverse, equitable and inclusive global health practice but you feel like you might suffer imposter syndrome if you became more vocal or activist.

No, you do not have to be African or a UIGH person to be a DEI champion. So, feel free to volunteer to become one at your organisation or within your sphere of influence.

Initiate or contribute to organising diversity training and seminars to broaden your and your colleagues' perspectives on this issue.

Most importantly, speak out. Don't be complicit in perpetuating coloniality in global health practice. Speaking out when you observe racist or other discriminatory behavior helps set norms for acceptable conduct.

## GRANT-MAKING ORGANISATIONS AND FUNDING AGENCIES



### COMMON MANIFESTATIONS OF COLONIALITY

Your funding processes (such as external review, solicitation of proposals and sourcing of consultants) are biased towards HIC practitioners.



### WAYS TO DECOLONISE

Ensure that you have adequate and proportionate representation of African and UIGH perspectives across your granting processes, for example by diversifying your expert review panels.

Encourage and give strong preference to proposals for Africa that are led and dominated by African researchers/organisations, regardless of their previous or intended association with HIC practitioners/institutions.

Reject "parasitic" or "parachute" proposals –that is, proposals that have evidently been conceptualised by HIC practitioners for implementation in Africa without significant intellectual contribution from African practitioners.

Your funding criteria explicitly or implicitly requires African and UIGH researchers to collaborate with HIC researchers, even if they do not need or want to.

Your funding opportunities should avoid language that overtly or covertly coerces African and UIGH practitioners into collaborations with HIC counterparts. Emphasize that African and UIGH practitioners should enter such collaborations entirely on their own and without fear that they will be penalised or overlooked for not doing so.

If your institution is required by its mandate to include HIC practitioners, then you must take additional steps to ensure collaborations that are authentic and equitable. For example, scrutinize how budgets and authorships are distributed between the HIC and African or UIGH applicants.

## ACADEMIC AND TRAINING INSTITUTIONS



### COMMON MANIFESTATIONS OF COLONIALITY

Africans are underrepresented among your faculty, staff, and students. In fact, it is rare for an African or UIGH person to hold tenure or other positions of significance at your institution.

Your curriculum fails to acknowledge the colonial legacy of global health nor does it incorporate diverse sources of knowledge.



### WAYS TO DECOLONISE

Recognise that there is evidence that diverse teams advance scholarly environments. Set targets and take deliberate steps to diversify your institution or group. Train your selection committees in best practices for improving diversity such as holistic review methods.

Embark on a curriculum renewal drive that incorporates transformative learning and cognitive justice approaches into global health education. For example, your courses can include the fundamentals of colonial theory and the sociohistorical impacts of colonialism and coloniality in Africa.

Encourage and commission research to better understand and disentangle the complex legacy of former colonial relationships and the influence they had and continue to have on global health practice.

Initiate and support forums for your students and faculty to freely debate colonial history, and its continuing relevance to global health.

## SCIENTIFIC JOURNALS AND PUBLISHERS



### COMMON MANIFESTATIONS OF COLONIALITY

Your editorial team lacks diversity and is dominated by HIC practitioners.

Your acceptance rate for articles primarily authored by African and UIGH practitioners is significantly lower than for HIC authors.

You prefer peer-reviewers from HIC and allow them to provide aggressive and disparaging feedback to submissions from African and UIGH practitioners.



### WAYS TO DECOLONISE

Diversify your editorial team and ensure that editors are trained in implicit bias and cultural awareness.

Editors and reviewers should remain mindful of documented biases in assessing scholarly work from "minoritized" groups. Each submission should be judged with an open mind, on its own merit, and without racial or other implicit biases.

Editors must monitor and moderate feedback provided by reviewers particularly to African and UIGH authors. Editors encountering biased or disrespectful reviews should overrule them and assign alternate reviewers to the submission.

## THE MEDIA AND JOURNALISTS



### COMMON MANIFESTATIONS OF COLONIALITY

You publish global health headlines and stories about Africa that are disrespectful or outright racist.

Your editors and journalists value the contributions of HIC experts much more than their African counterparts even on issues concerning Africa.



### WAYS TO DECOLONISE

Recruit or appoint DEI champions within your organisation. Invest in and set targets for diversifying your workforce. Train your workforce in implicit bias and cultural awareness.

Sensitise your teams to realise that while non-Africans might have legitimate expertise on African issues, their contributions ought to be balanced by those of experts from Africa and who live or have lived in Africa over a significant and recent period.

## EVENT CONVENERS AND ORGANISERS



### COMMON MANIFESTATIONS OF COLONIALITY

Overall participation of Africans and UIGH at your events are not proportionate with the populations they represent.

HIC experts dominate the highest-profile aspects of your agenda such as keynotes and panels.

You often, if not exclusively, award hosting rights to locations in HIC.



### WAYS TO DECOLONISE

Consider targeted ways of publicising your events among Africans and UIGH.

Dedicate significant resources to cover participation costs for African and UIGH practitioners. These groups are often faced with a disproportionate burden of travel costs to attend major events in HIC. Sponsorships to these events are often highly limited and the processes for selecting scholarship recipients might also be biased if Africans and UIGH persons are not adequately represented in the selection process.

Moreover, Africans and UIGH persons that do get these scholarships are often subjected to the humiliation of travel restrictions to HIC such as visa denials or delays. Therefore, dedicate more time and resources to assist them with navigating international travel processes.

You should deliberately aim for strong African and UIGH representation, particularly women, across major and relevant sessions at your event.

HIC participants should decline to participate if the sessions they are invited to are not sufficiently diverse.

After the event, you should review and publish the level of diversity and inclusion across your event, and specifically within the highest profile sessions. Commit to do better at the next event.

Rotate event locations regularly. There are several cities across Africa (and the developing world) that have capacity to host major events. Safety and logistics concerns about African cities might be legitimate but are often exaggerated.





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