

**DECOLONIZATION, LOCALIZATION, AND DIVERSITY, EQUITY, INCLUSION AND
ACCESSIBILITY IN GLOBAL HEALTH AND DEVELOPMENT: A CALL TO ACTION**

A White Paper

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FOREWORD

This thought piece represents a collaboration of authors from four different institutions, each of whom have different views, expertise, lived experiences of relevance, and historical contexts. Our authors are from Evidence for Sustainable Human Development Systems in Africa (EVIHDAF), FHI 360, Makerere University School of Public Health (MakSPH), and the US Agency for International Development. Our authors, listed alphabetically below, state their own individual positionality and viewpoint. Included in the white paper is discussion of the positionality of three of their respective institutions as related to the work of this paper.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
INTRODUCTION	7
Purpose	7
HISTORICAL CONTEXT	8
Positionality	8
Power Systems and Structures Within ‘Development’	8
Decolonization, Power, and Modern-Day Relevance	10
Siblings Not Triplets: Decolonization, Localization, and DEIA	11
Why Now is the Time	13
CASE SUMMARIES: DECOLONIZATION, LOCALIZATION, DEIA	14
Summary of Approach	14
FHI 360 CASE SUMMARY	15
MakSPH CASE SUMMARY	21
EVIHDAF CASE SUMMARY	26
REFLECTION AND INTERPRETATION ACROSS CASE SUMMARIES	32
Reforming Partnerships in Research	32
Reforming Funding Requirements	34
REFLECTION ON THE PROCESS OF COMPLETING THIS WHITE PAPER	35
CONCLUSIONS	37
REFERENCES	41
APPENDIX A: HISTORICALLY INSENSITIVE TERMS	43
FUNDING ACKNOWLEDGEMENT AND DISCLOSURES	46

EXECUTIVE SUMMARY

PURPOSE

The purpose of this white paper is to spark discussion, raise awareness, and identify action steps to address historic power imbalances that continue to shape the field of global health and ‘development’ for actors in both the ‘Global North and South.’ To achieve this, we examine how decolonization, localization, and diversity, equity, inclusion and accessibility (DEIA) intersect and serve as foundations for effecting change.

KEY ISSUES

Decolonizing global health refers to interrogating and dismantling power structures that have propagated global inequities for centuries. These structures include racism, sexism, heteronormativity, and classism. Localization should uplift the power, resources, needs, and autonomy of indigenous organizations to be sole or lead actors in their own communities. DEIA can and should interrogate and undo power imbalances that result in the exclusion and underrepresentation of those who experience marginalization. DEIA can also transform the nature and intention of community engagement when its principles are met with specific metrics of accountability and are championed by senior levels of leadership in an organization. Throughout this paper, decolonization will represent an overarching framework to address historic power imbalances, while localization and DEIA are strategies to target specific causes of these power imbalances.

CASE SUMMARIES

As a shared exercise towards broader understanding and collective action across the engaged institutions in the ‘Global North’ and ‘Global South,’ we conducted case summaries and analyses for enacting the work of decolonizing global health from the unique perspectives of the authors and the stakeholders who served as key informants to guide this work. Each organization purposively identified stakeholders they felt were appropriate for these discussions. Questions addressed the historical context of global health/development; experiences of power imbalance between the ‘Global North’ and ‘Global South;’ perspectives on decolonization, localization, and DEIA; actionable next steps; and the role of funders specifically in supporting change.

These were then translated into French for use with French-speaking colleagues based in several francophone countries in Africa. Interviews lasted between 30-90 minutes, and 21 were completed. Overall findings suggest that the contributions of ‘Global South’ partners who shepherd and maintain relationships with ‘local’ communities; offer deep ‘local’ knowledge; and collect, contextualize, and analyze data are systematically undervalued. Specific reforms include:

- clearer definition and requirements of who is truly a ‘local partner’ that preclude large INGOs becoming the ‘local’ partners, selection processes for implementing partners with inbuilt protections and advocacy for ‘local’ partners, feedback from ‘local’ partners and populations about the performance of prime partners, and equitable overhead costs to support ‘local’ institutional capacity bridging;

- requirements for equitable policies, plans and tracking of the implementation of such policies by prime partners with committed funding mechanisms, and clear definition of the targets of funding to be transferred to ‘local’ partners/subgrantees;
- changing norms that center minimizing fiduciary risk and maximizing productivity in favor of allowing for more systemic change. This will require more flexibility on funding timelines, required application requirements for awards to organizations who may be first-time awardees without all existing infrastructure, and ongoing learning from projects at the funder level to revise funding requirements as funding calls are rolled out.

CONCLUSIONS

Deep, iterative, and transformative engagement on the concepts of decolonization, DEIA, and localization is needed and must lean on the expertise of ‘Global South’ experts rather than ‘Global North’ voices. Large global NGOs and funders in particular are uniquely positioned to support the charge and uplift ‘Global South’ leaders in decolonizing work. In the context of global health, for example, concrete actions include:

- Organizations based in the ‘Global North’ and ‘Global South’ should develop, test, and disseminate tools with concrete guidance to apply DEIA principles in order to foster equitable relationships within teams and across partners. Elevate voices, particularly of those who hold less power and are underrepresented, so that these voices inform the design, implementation and measurement of ‘development’ work;
- Define, measure, and implement localization strategies in consultation with ‘Global South’ and ‘Global North’ partners, as neither can do this work in isolation. Assess and address imbalances regarding who holds power in decision-making, how problems are defined, and how funding is allocated to ‘Global North’ and ‘Global South’ organizations;
- Funders must transform the metrics of success, duration of projects, funding allocation, eligibility criteria for awards, administrative processes, accountability to participating communities, and responsible resource management. These discrete changes, taken together, represent elements of systemic change in development that is called for by the decolonization movement; and
- Amplify successful efforts to implement DEIA, localization, and decolonization and communicate, as broadly as possible, the tools, the rationale, and the shared benefits of decolonization.

It behooves all of us as actors in global health and ‘development’ to understand that organizational change requires long-term investment. We must allow the space and flexibility for change to occur, recognizing that country systems, politics and behaviors are continuously evolving.

INTRODUCTION

Purpose

The purpose of this white paper is to spark discussion, raise awareness, and identify action steps to address historic power imbalances that shape the field of global health and ‘development¹.’ We discuss global health specifically since the authors of this paper all have experience in this sector; however, all of what is discussed is relevant to other sectors and to ‘development’ broadly. While funders are a key audience for this work, they are not intended as the only audience and this document does not represent the views of any funder. Instead, we identify action steps that can be taken by all actors in the global health space, including but not limited to funders, INGOs, academic institutions and organizations located in both the ‘Global North and South.’ We stress the importance of recognizing decolonizing global health and ‘development’ as central to reaching the goals of localization as well as diversity, equity, inclusion, and accessibility (DEIA) by many funders and implementing partners.² These efforts require centering the needs and expertise of ‘Global South’ voices who began demanding decolonization decades ago. Often, funders or partners are put off by the word ‘colonization’ and avoid confronting the harmful legacy upon which many global organizations and systems were built. Other actors focus on ‘solving the problem’ through external efforts without doing truly transformative internal work. Our goal for readers is to have foundational historical knowledge, key terms, and clearly identified action steps for constructive engagement. We anticipate this white paper as the first in a series of products to disseminate thought leadership on this topic.

¹ Quotes are inserted around common terms which are problematic. See Appendix A for suggested alternatives.

² Each of these terms will be defined and discussed in later sections of this white paper.

HISTORICAL CONTEXT

Positionality in Global Health and ‘Development’

Positionality is central to broader discussions of decolonization, localization, and DEIA. Positionality is the sociopolitical context that shapes an individual’s identity and understanding of the world. Positionality is central to broader discussions of decolonization, localization, and DEIA. Since decolonization in ‘development’ hinges on interrogating and dismantling power structures that perpetuate global inequities in health and other domains, this can happen only if all actors reflect on their own positionality in relation to power structures (Magendane & Goris, 2020). Positionality challenges the notion that anyone is ‘neutral’ or ‘color blind’ (Peace Direct, 2021).³ Described above and reference throughout this document are our positionalities as co-authors of this paper and actors in global health and development. We acknowledge our privileges as individuals of highly educated backgrounds based at a large international funder, a large international nongovernmental organization, a preeminent university in the Global South, and a premier global health consultancy firm based in the Global South.

Power Systems and Structures Within ‘Development’

Individual and Interpersonal

An individual’s choice of language and way of interacting with others is a key starting point to elucidate deeply entrenched power imbalances. For example, many decoloniality scholars and advocates reject the use of terms such as ‘Global North’ and ‘Global South’ because they reinforce the perceived supremacy of Europe and North America over the rest of the world (Opara, 2021). In addition, these terms ignore the diversity of contexts and levels of power within the ‘Global South’ and ‘Global North.’ The ideas of ‘progress’ and ‘development’ in the ‘Global South’ are also rooted in colonialism - we need

³ Each of the authors state their own positionality in the foreword of this white paper. The positionality of their organizations will be discussed in the next section.

to ask ourselves who defines what is ‘developed,’ who sets the end goal that we are progressing towards, and what our word choice conveys about these assumptions (Chaudhuri et al., 2021). While we will use the terms ‘Global South’ and ‘Global North’ in this paper for ease of understanding, we’ve elected to use quotation marks to signify our own discomfort with these and all other terms which eschew the underlying power imbalance between global health actors (See Footnote 1).

As we reflect on our words, we must also ask ourselves: who holds leadership positions in global health and ‘development?’ Voices from the ‘Global South’ are often marginalized because their abilities and technical skills are undervalued by practitioners from the ‘Global North’ who hold positions of power, though they often do not have greater technical expertise (Magendane & Goris, 2020; Guinto, 2019; Rasheed, 2021). We must also consider the entire life cycle of projects conducted in the ‘Global South;’ often ‘Global North’ practitioners take on the tasks that center power (for instance, project design, application and receipt of funding, decisions as to where funding goes, publishing, etc.), while ‘Global South’ practitioners tend to take on equally essential yet less valued roles, such as data collection, relationship stewardship, and implementation of programs and research (Erondu et al., 2020; Rasheed, 2021). To correct the power imbalance, a concurrent change in voice, narrative, agenda, and the ultimate desired outcomes of our work is necessary. Decolonization requires the personal, uncomfortable work of inventorying where actors in the ‘Global North’ hold power and the identification of strategies to share it.

Institutional and Financial Systems in Global Health and ‘Development’

Wealthy nations that fund global health and ‘development’ programs set the priorities of the industry (Chaudhuri et al., 2021; Erondu et al., 2020). Often, siloed funding calls assume disease-specific foci, which severely limit the ability to allocate resources to meaningfully strengthen infrastructure or enact long-term, sustainable change. The flow of funding and resources (‘aid’) between countries also mirrors past colonial relationships which were predicated on colonizers in the ‘Global North’ extracting

resources from their colonies in the ‘Global South.’ Reliance on foreign ‘aid,’ then, reinforces a narrative that colonized peoples lack agency and the ability to govern health initiatives. This narrative is furthered in the field of “capacity building,” which falsely assumes a lack of capacity. To highlight that learning is bi-directional, we prefer the term capacity-bridging, which we will use throughout this paper unless we are using direct quotes (see Appendix A for additional terms). Further, if capacity in the ‘Global South’ were truly lacking, that would be an indictment of the decades of work that have aimed to transfer capacity. The underlying dynamic that neglects the value and capacity present in the ‘Global South’ is deeply enmeshed with othering, devaluing and dehumanization of the ‘Global South’ (Peace Direct, 2021; Atim, 2021; Affun-Adegbulu & Adegbulu, 2020).

Decolonization, Power, and Modern-Day Relevance

Global health was born out of European colonization, when extractive capitalism, racism, and sexism were used to hoard power among colonial settlers, causing great harm to the colonies (Abimbola & Pai, 2020; Kuumba, 1993). The discipline originally known as colonial or tropical medicine later became known as global health. The legacy of these practices is still present today; the greatest inequities in outcomes are experienced by communities marginalized by race, sex, gender, and class globally (Kaler, 1998; Sowemimo, 2018). A recent example of the undeniable continuity between a colonial past and present occurred when French scientists suggested testing COVID-19 vaccine candidates developed in Europe among people in African countries who were excluded from vaccine ‘development,’ which would have revived the common colonial practice of testing new medicines in the colonies, usually without informed consent, using African communities as ‘test subjects’ (Affun-Adegbulu & Adegbulu, 2020). These practices form the legacy upon which calls for decolonization are based. We understand decolonization to be a systemic overhaul that entails interrogating the historical and political structures within which global health and ‘development’ work operates and dismantling unequal power structures that were put in place under colonialism (Chaudhuri et al., 2021). The process of decolonization is not

‘finished’ when colonizers physically leave a country; new systems which replicate these structures merely replace the old ones. It is a process that requires steady engagement to undo harmful legacies which perpetuate inequities, and for all actors to acknowledge their positionality, how we benefit from the system, and how we might all benefit from its undoing (Affun-Adegbulu & Adegbulu, 2020; Richardson, 2019; Tuck & Yang, 2012).

Siblings Not Triplets: Decolonization, Localization, and Diversity, Equity, Inclusion, and Accessibility (DEIA)

DEIA and localization are strategies to dismantle specific power structures as part of the process of decolonization. We define DEIA as internal efforts to create and foster a diverse, inclusive, and equitable working environment within an organization (Bruce-Raeburn, 2021). Diversity is often a byproduct of efforts which maximize inclusion of individuals in a culture that respects individual differences and supports representation of many viewpoints, positionalities, types of expertise, and lived experiences. Similar to decolonization, DEIA can and should interrogate and undo power imbalances that result in the exclusion and underrepresentation of those who experience marginalization. DEIA can also transform the nature and intention of community engagement when its principles are reflected in specific metrics of accountability and are championed by senior levels of leadership in an organization.

There are risks: DEIA may avoid direct discussion of racism, which is one of the colonial matrices of power that propagates global inequities in global health and ‘development’ to this day. Insidious racism often precludes meaningful incorporation of DEIA throughout ‘development’ project lifecycles. As such, DEIA training cannot dismantle structural racism without fundamentally changing the power structure of an organization (Pai, 2021). Transformative DEIA is a sibling to both decolonization (transforming the entire sector), and to localization (transforming the leadership roles of communities) with long-term investment, accountability, and resource allocation.

Localization is the practice of changing policies, processes, staffing, and funding to equitably transfer power and resources to ‘Global South’ actors, strengthen ‘local’ systems, and facilitate ‘local’ leadership. Localization should result in indigenous communities having independent funding and direction to address their needs and priorities with resources and programs. True localization also results in DEIA by design and can address the gross power imbalances that shape our current reality.

There are risks: like DEIA efforts, attempts to localize can result in token inclusion of practitioners from underrepresented backgrounds without any shift in the structure of the organization (Peace Direct, 2021). Localization as a concept is ‘Global North’-defined and -driven and is frequently co-opted by ‘Global North’ organizations to justify ‘status quo’ (e.g. a large global nonprofit opening a ‘local office’ based in a ‘Global South’ country). While ‘local’ and indigenous individuals may work in and/or lead that office, nothing about the power structures, source of funding and overall leadership, or long-term outcomes of the work would be equitable (thereby upholding the status quo) (Peace Direct, 2021). Localization does not negate the need for decolonization because, to date, it has not remedied inequitable allocation of funding, power dynamics, decision-making processes, and overall oppressive structures that exist within aid and global health.

While calls for decolonization may be viewed as radical, they are in fact the backdrop to the more accepted movements of localization and DEIA. Both the localization and DEIA movements are Western-defined and when applied in isolation, are insufficient approaches to addressing power imbalances in global health and ‘development,’ while decolonization is ‘Global South’ in origin and therefore seen as advocacy-led and radical. In reality, DEIA and localization approaches must be rooted in ‘Global South’ scholarship and decolonial history to successfully shift power in global health and ‘development’ more broadly.

An over-arching, additional risk is that this approach is contingent upon the ceding of power.

Humans are, by nature, reluctant to give up power. Many are threatened by recent calls for decolonization, DEIA, and localization. In order for transformative change to occur, those who must cede power will need to understand how the movement to decolonize is the only way for sustainable development to occur.

Why Now is the Time

Recent global health events such as the COVID-19 pandemic have highlighted the need for a renewed focus on these principles; indeed, the largest burden of COVID-19 inequities rests with individuals marginalized by colonialist power structures of race, sex, class, and country of origin (Büyüm et al., 2020). On a global level, rich countries bought up vaccine stock while poorer countries had to wait for donations from these rich countries, replicating the flow of resources from former colonizers to former colonies. The proposed waiver of intellectual property restrictions for the vaccines was opposed by those with power, namely large pharmaceutical companies and rich countries, further limiting the access of poor countries in the ‘Global South’ to life-saving vaccines (Chaudhuri et al., 2021; Pai, 2021). In February 2022, six African nations were given access to mRNA technology through the WHO’s mRNA transfer hub to begin manufacturing vaccines locally, over a year after the first mRNA vaccines were licensed in the ‘Global North’ (Jerving, 2022). Despite the absence of support they were accustomed to, projects continued and were effectively managed by ‘local’ experts in the ‘Global South’ when ‘Global North’ practitioners were unable to travel due to COVID-19 restrictions (Affun-Adegbulu & Adegbulu, 2020), illustrating how capacity was present, despite perceptions to the contrary.

CASE SUMMARIES: DECOLONIZATION, LOCALIZATION AND DEIA

The continued legacy of colonialism persists in the work of all co-authors of this project. As a shared exercise towards broader understanding and collective action across the engaged institutions, two each in the ‘Global North’ and ‘Global South,’ we share below case summaries and analyses for enacting the work of decolonizing global health from the unique perspectives of the authors and the stakeholders who served as key informants to guide this work. Each of the case summaries in the subsequent section are informed by the authors’ unique positionalities and organizations. They aim to convey the urgent need to address power imbalances with historical grounding and intention for meaningful actions to be taken.

Summary of Approach: Over a period of eight months, Evidence for Sustainable Human Development Systems in Africa (EVIHDAF), Makerere School of Public Health (MakSPH), and FHI 360, each of which are consortium partners of the USAID-funded Research for Scalable Solutions (R4S) project, conducted a series of stakeholder discussions on how to address the legacy of colonialism and promote localization and DEIA initiatives. Each organization purposively identified stakeholders⁴ they felt were appropriate for these discussions based on existing interest in issues such as DEIA, localization, and decolonization, tenure in global health and/or ‘development,’ and previous engagement in ‘Global North-Global South’ partnerships. We sought diversity in tenure and type of position but focused on individuals already interested in the topics. Next, we, proposed these to the consortium partners and each conducted between 4 to 9 stakeholder discussions. Stakeholders varied within and across institutions; some were colleagues, others past professional relationships, others contacts from decolonization networks or referrals. Not all stakeholders were known personally to the authors. Co-author Kanagaratnam drafted

⁴ Individuals who participated in interviews are described as ‘stakeholders’ because they reviewed this white paper and are central to the transformative action called for in this paper. The authors feel that the term ‘participant’ is inadequate.

stakeholder questions and a note-taking template that all partners approved and adapted accordingly for their own respective stakeholder discussions. These were then translated into French by Co-author Brittingham for use with French-speaking colleagues based in several francophone countries in Africa. Interviews lasted between 30-90 minutes, and 21 were completed across all three organizations by Co-authors Brittingham, Fotso, OlaOlorun, Prata, Tuhebwe, and Wanyenze. Co-author Tuhebwe developed a matrix to synthesize interview notes for analysis and at least two staff members from each organization participated in data entry, data analysis, and writing. The coding matrix highlighted key aspects of stakeholders such as organization at which they work, number of years of experience, and location. Each stakeholder represented a ‘row’ in the matrix. Each ‘column’ represented a domain of questions that stakeholders were asked, which included the historical context of global health/development; experiences of power imbalance between the ‘Global North’ and ‘Global South;’ perspectives on decolonization, localization, and DEIA; actionable next steps; and the role of funders specifically in supporting change.⁵ The case studies highlight the unique vantage points of each organization, identify key themes, and propose areas for collective action that will be further explored in the conclusion. MakSPH received IRB-approval, FHI 360 received a non-research determination, and EVIHDAF used an IRB reliance agreement with FHI 360’s IRB.

FHI 360 CASE SUMMARY

Positionality statement: FHI 360 began as a contraceptive research project at the University of North Carolina at Chapel Hill (UNC) in 1971. FHI 360 has since expanded vastly in size and in scope beyond family planning and health. FHI 360 currently works in more than 60 countries in Sub-Saharan Africa, North Africa/Middle East, Europe/Central Asia, Asia Pacific, Latin America/Caribbean, and the United

⁵ We note that like all qualitative research, we are not representing the entirety of the field of global health and development with our findings, nor do we feel it is appropriate to quantify findings or compare and contrast ‘Global North vs. Global South.’ Our stakeholders are key informants with deep understanding(s) of the issues we discussed and therefore with profound ability to make recommendations, which is a key objective of this white paper.

States while headquartered in Durham, North Carolina. In the last 15 years, FHI 360's country and regional offices have become more reflective of 'local' and indigenous communities, though 'Global North' and US-based staff still assume project director roles in regional offices. In 2020, after the murder of George Floyd reignited scrutiny of [global racial injustice](#), FHI 360 began conducting a series of consultant-led planning sessions related to DEIA. At the same time, a scientist at FHI 360 (Co-author Maragh-Bass) began leading internal and external informational sessions and panel discussions about why the harmful legacy of colonialism in global health in development is also the legacy of FHI 360. These conversations have focused on the tension between doing meaningful work to decolonize our approaches while maintaining accountability to neocolonial funding organizations who, for example, continue to impose short timelines for programs which are the antithesis to sustainable 'development.' These tensions are more openly discussed thanks to ongoing efforts, and both the DEIA and decolonization activities have slowly garnered support at all levels of the organization and are the impetus for this white paper itself.

Approach: For the FHI 360 case summary, co-author Maragh-Bass and USAID colleagues identified a diverse group of representatives from NGOs based in Africa and the United States as well as representatives from a funding agency for interviews. In the interviews, stakeholders reflected broadly on their experiences. Co-author Brittingham conducted each of the nine interviews, all of which were unpaid and conducted in English, with:

- An HIV advocate and NGO Director of Ugandan origin,
- Two Africa-based global health (GH) experts with advanced training from the 'Global South' who are affiliated with several African-originated and -led advocacy and decolonization movements,
- Two senior-level directors within FHI 360 with different lived experiences ('Global North' versus 'Global South' origin) and different portfolios at FHI 360 (civil society in Asia and global health

in Africa/US, respectively),

- Three individuals from a large international funding organization based in the United States, with staff from different offices, cultural backgrounds, and levels of tenure, and
- A senior-level executive from a global women’s health advocacy organization.

Key findings: Three main themes emerged from matrix analyses of nine FHI 360-led interviews.

Legacy of colonialism in power imbalances. Nearly all stakeholders described power imbalances at the project level that were interconnected with power imbalances at the funder-recipient level. Funding goes primarily to large, ‘Global North’ institutions to conduct work in the ‘Global South,’ with no mandate that this work be led by indigenous colleagues and/or organizations directly from the specific country in which they work. Funder timelines and expectations fail to promote equitable

“Those [dollars] get awarded to the people who are best able to... reflect back to us what we want to hear.” – Staff member, large international funding organization

partnerships, because funding is more likely to go to large, international organizations with existing infrastructure to meet funder requirements, which tend to devalue ‘local’ technical expertise and ability to address

the needs of the community. This allocation of funding often replicates the existing system rather than support new, smaller and/or less-resourced organizations to build their own infrastructures. While donors are implementing policies to reverse this trend, stakeholders noted that this dynamic has not yet been reversed.

Further reflecting on the challenges to shift this imbalance, stakeholders described how budget cuts often impact subcontracted organizations instead of large prime organizations that are better-placed to absorb these. In addition, funders frequently withhold feedback on proposals, which precludes learning and perpetuates the cycle of funding being awarded to the same organizations.

Finding Voice and Representation Through DEIA

Most stakeholders described a lack of meaningful engagement throughout program and research

processes of ‘local’ groups, regardless of their

social/economic status, noting friction in indigenous

communities because “outside voices are telling us what to

“They are not willing to listen because their systems are designed from Washington and their only rule is to implement.” – Uganda-born GH expert

do without having implemented this program at all.” Further, one stakeholder who has worked across

Asia described that DEIA considerations are often missing from project inception, noting that even when

indigenous groups are brought in, they are typically larger national organizations “run by dominant, upper

caste groups.” Regarding efforts to promote equity and diversity in our workforces, one stakeholder

commented, “I think we have a self-perpetuating problem in terms of diversity, which is that we tend to

look at candidates from our own networks and our own networks are really limited. We have to break out

of our networks and take risks which can be challenging because “...we have a built-in bias against that.”

While applying the equity lens is essential in all contexts, another stakeholder reflected on how dynamics

are ultra-specific, which add a layer of challenge to progress in this realm because these conversations

have to be “really localized and contextualized.”

Equitable partnership depends upon mutual trust and respect. Stakeholders told FHI 360 that

‘Global North’ INGOs have an onus to engage in respectful communication and rapport with ‘Global

South’ partners. Describing these relationships, one

stakeholder shared that the word ‘partnership’ is

inaccurate; it is really a subgrantee or sub-contract

relationship. Stakeholders noted that a truly equitable

partnership requires investment and engagement before a

project begins and likely before a proposal is even

“... a bit of assertiveness [and] being more confrontational in a good way... Being willing to critically look at every solution/program that comes before you with the expectation that, if you don’t like it, it can change...” – African-born FHI 360 senior staff suggestion for ‘Global South’ colleagues

developed, which is an opportunity cost that ‘Global North’ organizations must assume. Not only do they

“... it is capacity-bridging, it is assuming from the very beginning that there is capacity on both side... [we] could make a specialized writer role for editor/writer without just giving authorship to native English speakers...” – Asia-based FHI 360 senior staff member

have greater resources to invest upfront, they also have more to lose as funders scrutinize where their dollars go and who they actually ‘benefit.’ Humility came up as a desired quality among ‘Global North’ partners who should ask reflexive questions in order to define each partner’s

needs and goals so that they are “getting into bridged learning.” Another stakeholder called for funders and partners to expect disagreement and verbal contention as a necessary process of making real change, which must be normalized by both ‘Global North’ organizations generally and funders specifically. To

“Have good communication skills... active listening... and have humility. Partners/funders need to understand the community they are going to work with. They need to come down and learn how the whole organization runs so by the time they begin work, there have been people on the ground.” – Uganda-born and based HIV advocate

build more effective partnerships, funding recipients should move away from the paradigms of ‘capacity building or capacity development’, which both presume higher capacity among the ‘Global North’ partner. Instead, ‘capacity bridging’ honors the capacity that exists on both sides and invites a dialogue about what each

partner hopes to gain from the partnership, challenging established technical assistance models that laud the abilities of ‘Global North’ institutions and minimize the expertise of ‘local’ organizations for whom assistance is presumed to be necessary. Funding recipients must be creative in “capacity bridging,” and assuming that there are roles for all partners that may not typically exist but can be created to meaningfully engage all partners equitably. English-language fluency and medical backgrounds do not dictate greater expertise, and should not dictate team roles either.

Several called for the need to cede power and ‘take a backseat in decision-making’ at all levels on the parts of large international organizations and funders. A representative from a funding agency highlighted this failing, stating, “Our current financial incentives fail to promote better behavior,” in the form of lax budget transparency requirements, limited indirect costs structures, and stringent requirements

for prime awards that favor larger and more established organizations with a history of previous funding, such as FHI 360. Contemplating how to operationalize equitable partnership, one stakeholder stated: "...I see it showing up ... in the adoption of decolonization, acknowledging partnership principles. You'll see it in some of the big partners who have relatively robust principles for their engagement with other kinds of actors..." Reflecting on the need for transformative change, one stakeholder shared, "maybe it is about turning the ship really slowly."

Seismic shifts towards localization. At the systems level, global health and 'development' put "a lot of energy...towards starting/closing projects and then competing again," which impedes progress. Put simply, both the presence and inconsistency of external funding undermines the ability of many countries to allocate their own resources. Funders who institute short time frames and large awards limit the likelihood of investment in the

"... if you are a traditional [‘Global North’] partner, then you must subaward 50% of the money to local actors. After incentivizing local implementation, you then have to submit an accountability and feedback plan. We evaluate it and build that plan into the required activity M&E learning plan. You need to build accountability and feedback practices where you are accountable to the sub-partners and to the whole community..." – Africa-based GH expert

bolstering of indigenous infrastructure. As organizations move towards localization, we must think broadly and creatively so that the 'start and end' of localization looks different and is not tied solely to funding cycles. A stakeholder noted that if a 'local' organization is given money, but "...you tell them exactly what to do, how to implement, and how to adjust in response to measurements, that's not localization." Similarly, merely hiring 'local' staff is not localization. Because of our over-reliance on metrics, "we come up with things to measure and if we are doing well on that, we think we are achieving localization." However, the reality is the concession of power that lies at the foundation of localization is not easily measured. To shift power, we must shift resources, which requires a willingness to cede control and detach ourselves from concepts like "compliance, [which is] really challenging because it comes up against the structure of 'donors' and their enormous expectations/rigid values/racist points of view around

who is capable of fraud.”

Cues to Action: 'In addition to the key recommendations noted above regarding partnership, DEIA, and localization, funding was the most frequently discussed issue related to perpetuating power inequities in global health and 'development.' Large international organizations such as FHI 360 are potential change agents because they can simultaneously (1) change funding allocations to shift power and resources to partners; (2) leverage their privileged status to advocate for change with funders and external partners; and (3) devote continued and increased resources towards decolonization and DEIA work at all levels of the organization, beyond employee-driven approaches.

MakSPH CASE SUMMARY

Positionality statement: Makerere University School of Public Health (MakSPH) is one of the four Schools under the Makerere University College of Health Sciences, a constituent College of Makerere University, located in Kampala, Uganda. Established in 1954 as a department of preventive medicine, MakSPH is a leading School of Public Health in sub-Saharan Africa. MakSPH conducts research and provides consultation services to the Government of Uganda, coordinates several regional projects with sub-grants to universities and other health institutions in Africa, and is a recipient of several sub-grants from global NGOs and universities. MakSPH strives to integrate the principles of health equity and social justice, including human rights, freedoms and equity in public health education, research and practice. Since 2020, through the Research for Scalable Solutions (R4S) Project, MakSPH has been part of advocacy efforts with the Ministry of Health to advance the health equity agenda. Through R4S, MakSPH (with the leadership of Co-author Wanyenze) was invited to engage in the decolonization and DEIA discussions to share experiences and perspectives on how MakSPH has interfaced with the concepts as an organization and as a team of researchers, building on the internal discussions and engagements around the DEIA agenda within MakSPH. MakSPH continues to learn through the discussions and reflect on experiences that can

improve equity and social justice through teaching, research, and community service.

Approach: MakSPH contacted seven stakeholders based on their roles in various health networks, involvement in DEIA analysis and advocacy, and participation in a regional research network coordinated by MakSPH. Interviews with senior professionals were conducted by co-Author Wanyenze, while interviews with young professionals were conducted by Tuhebwe. None of the seven stakeholders were paid for their participation in the interviews. The stakeholders included:

- A Professor from a Francophone university with experience working in government, academia, and French-speaking and English-speaking ‘local’ and international partners,
- A senior researcher from an East African university working with global (European) partners,
- Two leaders of large NGOs in Uganda that have experience working with ‘local’ civil society networks, the community, and international partners,
- A leader of a relatively small NGO that works in the community and has experience working as a sub-awardee within North-South and South-South collaborations, and
- Two young/junior researchers at PhD level with experience working in projects with ‘Global North’ and ‘Global South’ partners.

Key findings: Four themes are described below from matrix analyses of seven MakSPH-led interviews.

Legacy of power imbalances. All respondents shared their thoughts on the origin of power imbalances in ‘Global North’ and ‘Global South’ partnerships. The majority of stakeholders noted that these imbalances are historical and arise from the colonial education system—how training and education assessment is shaped in schools, the use of foreign language in training, how professionalism is defined, and the narrative that traditional practices are negative and only western-style science should be used to guide decision-making, disregarding traditional experiences. Some stakeholders pointed out that the design of health systems in the ‘Global South’ is colonial; it devalues the community and health promotion and

prevention while centering the hospital and clinical care. Investment and funding in “disease programs” doesn’t empower or build capacity in low-income countries that receive the funding, thereby feeding a vicious cycle of dependency on ‘donor’ funding and inequity in skills and knowledge. There was also recognition by stakeholders that part of the legacy of imbalance comes from the models of funding. In this regard, it was felt that when “developed countries” fund ‘Global South’ countries, the money is drawn from taxpayers’ money and their expectations and demands may not be aligned with broader public health goals and the development needs of partner countries, which may lead to artificially siloed sectors and wasting of resources.

Inequitable partnerships. Almost all stakeholders discussed the impact of systemic inequities in global health programs, infrastructure, competence, and knowledge within low-income countries who are ‘aid’ recipients, and usually sub-awardees of large global institutions. They cited how the scales are always imbalanced when ‘local’ partners engage with ‘Global North’ partners with more resources, knowledge, and technology to drive funding direction, health program design and research direction. A current example was the COVID-19 pandemic and how responses were determined. As usual, the ‘Global North’ partners inevitably took the lead and the ‘Global South’ ‘local’ partners miss the opportunity to enhance institutional and individual infrastructure. Another impact identified by stakeholders is the wasting of resources that results from siloed programming because of emphasis on project deliverables with minimal input in ‘local’

“... in a way we get stuck to what science tells us. A good example is from the COVID-19 response and the way the president chose his response committee, he focused on the scientists. The traditional leaders were only brought on board in the third year. This selection of the scientific committee was purely colonial...” – Civil society worker

policy and programming. The priorities of funding streams do not always align with ‘local’ needs since the ‘Global South’ continues to be absent in the space of global decision making and with limited power to negotiate at the design and implementation levels. At implementation, the impact can also be seen in the way roles and responsibilities and payments are distributed. The ‘local’ partners are sometimes reduced to only

“The payments [are] not balanced because they (North partners) feel like this can be enough for you, you are just a young researcher, we are training you and it creates burn out by the time the project ends... breaks the spirit of young people and many scholars get fatigued, and they lose the spirit they had at the beginning.”
– Young researcher

implementing the guidelines designed by ‘Global North’ partners or as data collectors within research partnerships. Further, ‘Global North’ partners have big overhead costs while ‘local’ partners are either denied the same or allowed much lower indirect costs, which limits their ability to enhance their institutional infrastructure and systems. The

researchers from ‘Global South’ partners are also underpaid in comparison to the ‘Global North’ partners and the funders do not always enhance capacity for the ‘local’ NGOs who are sub-granted while the head office personnel receive the capacity and facilitation.

The need to align “capacity-building” with institutional needs. All stakeholders noted that ‘local’ institutions’ infrastructure (capacity) needs to be strengthened beyond technical areas and should be inclusive of leadership and management skills such as negotiation, successful partnership management, how to build ‘local’ partnerships, develop ‘local’ research agendas, financial management, monitoring and evaluation, professionalism, ethics and branding. This capacity will enable ‘local’ institutions to meet funding requirements to take lead in partnerships with timely, quality deliverables. In line with “capacity building” is the need

“... on our side (the South) we need to invest sufficient resources in trying to strengthen our capacity so that we are able to design, fund and implement some of the policies, interventions and programmes that we think are crucial to our people without necessarily waiting for someone from elsewhere to come and say, ‘I will help you on this.’” – Civil society NGO worker

to have equitable access to information about funding opportunities since few people have access to funding platforms. In contrast, the ‘Global North’ partners often informally get access to funding opportunities

“We should have agreed-upon minimum standards as local institutions so that we can all say no to certain practices... how can someone come from the North to conduct FDGs in your setting, yet you (local institution) know your setting better and the cultural dynamics?” – Young researcher

through their networks, which empower them to plan earlier and field stronger proposals. The review and selection criteria should shift to emphasize the critical aspects of knowledge and experience with the ‘local’ context, both of

which are critical to the implementation and sustainability of interventions. In the same spirit, ‘Global South’ partners should get organized so that they negotiate better as a group of countries, collaborate more, and stop competing against each other to ensure complementary capacities. External partners and funders should allow ‘local’ institutions to budget for infrastructure and institutional “capacity building” so that systems are developed through the partnerships for future independence. This will reduce the tendencies of data extraction by external partners and have more equitable data sharing agreements.

Open communication and honesty as key components of localization. It was largely agreed by the stakeholders that the ‘Global North-South’ partnerships should be negotiated fairly so as to reflect the

“If you are giving a grant to a particular implementing partner or to a localized organization, then as a funder, dictate the percentages of allocation for the funding that must go to the NGO in the field.” – Local NGO researcher

priorities of all parties. The funding streams for programs and research must be designed in consultation with key stakeholders and without taking ‘Global South’ stakeholders for granted. Transparency is requisite so that ‘local’ institutions and funders understand what is expected, allowed, and allocated in the budget.

Communication and transparency were frequently cited by the stakeholders with regards to localization and

DEIA as well. Localization was generally seen as a positive initiative since it aims to open space for ‘local’ institutions to take the lead in partnerships, though it was noted that localization currently can only be achieved if capacity of ‘local’ institutions to prime already exists. This capacity exists to some extent, as ‘local’ institutions effectively manage programs and research as prime grant recipients. The parameters of

“Unfortunately, what I have seen is that a funder awards a grant and then you hear an organization called Institute for Development-something Uganda, but they are not really Ugandan. Sometimes they have a local face to them with a country office and may be led by a Ugandan that is empowered with an accent, but actually they are the only Ugandan on that team and they spend 70% of the time outside the country and when they come to you, they don’t come as Ugandans, they come as the global organization.” – Young researcher

what localization or localized means must be set and agreed upon by all partners and should inform how funders define and implement localization as well. As part of localization, two stakeholders proposed

“affirmative action⁶” and preferential treatment of ‘local’ organizations as a starting point to equity and inclusion. There were concerns among the stakeholders that ‘Global North’ partners continue to lead the localization process and there has not been adequate communication and consultation of ‘local’ partners about this initiative, which could compromise its contribution to diversity and inclusion specifically on the changes that should be made to fully empower ‘local’ institutions to lead global health programs.

Cues to Action: Preeminent ‘Global South’ academic institutions can promote the concept of decolonization via teaching and mentorship, especially for young people. In particular, universities are well-positioned to develop a cadre of professionals who are skilled in negotiating equitable contracts and partnerships, grant writing, finance and grant management, stakeholder engagement, and accountability to community stakeholders. University networks are far-reaching and can further strengthen capacity based upon their experience within and across regions. All institutions in the ‘Global South’ that are prime grant recipients also have a responsibility to integrate DEIA principles and to avoid perpetuating power imbalances in partnerships. MakSPH and other leading ‘Global South’ universities are well-positioned to generate evidence to inform advocacy for policy and legislation that addresses power imbalances and inequities in implementation and reorients health systems and programs towards communities and ‘local’ knowledge. ‘Global South’ universities can also lead in the ‘development’ of tools such as checklists to assess DEIA within partnerships, which should address fairness in decision making, resource allocation, and data sharing, among others.

EVIHDAF CASE SUMMARY

Positionality statement: Evidence for Sustainable Human Development Systems in Africa (EVIHDAF) represents an innovative, inclusive approach to research and ‘development’ in West and Central Africa by

⁶Stakeholder uses ‘affirmative action’ to refer to policies which acknowledge the historical exclusion of ‘Global South’ actors by requiring their preferential consideration for resources. The term is not being used in reference to US government policies of affirmative action and is not advocating for lower standards or reduced quality of work.

bringing together over 30 researchers from multiple institutions across multiple countries to co-create and co-implement high-quality research along with partners from both the ‘Global North’ and ‘South.’

Founded in 2017, with a home office in Yaoundé, Cameroon, EVIHDAF has been part of the consortium of institutions working on the Research for Scalable Solutions (R4S) project since 2019, with the organizational efforts led by Jean-Christophe Fotso, Ndola Prata, and Funmilola OlaOlorun, all co-authors. Co-author Fotso leads EVIHDAF’s work, and co-authors Prata and OlaOlorun work in academic institutions in the ‘Global North’ and ‘Global South,’ respectively. This partnership led to involvement in this exploration of decolonization, and what it means to the many partners with whom EVIHDAF works.

Approach: Four senior-level global health leaders were interviewed by phone between December 2021 and February 2022. These non-paid interviews were conducted by co-authors Fotso, Prata, and OlaOlorun. The global health players interviewed were carefully selected to reflect diversity in EVIHDAF’s regional work, gender, institutional affiliation, language, and years of experience in global health work.

- Two of the stakeholders were based at academic institutions in DRC and Nigeria. Each had experience in global health research and ‘development,’ both from the perspective of a funding recipient and a funding organization.
- The other two stakeholders were from Francophone Cameroon and Niger. The former leads a civil society organization while the latter leads a research institute that conducts ‘development’ work.

Key findings: Data were synthesized and are reported along three key themes.

Inequitable resource distribution: the need for decolonization. Workforce, human resource management, materials, and money were all cited as being short in supply in the ‘Global South,’ making it difficult to negotiate and compete with ‘Global North’ counterparts. All stakeholders expressed this

“But there are certain colleagues in the projects who sometimes raise difficulties. For example, for the same project in DRC and South Africa or Kenya with the same donor, the donor does not use the same salary bonus scale. And colleagues often had questions. Since I had to work on the side of the donor, for example in an international cooperation in this country, the Congolese often asked me these questions.” – Academic researcher

concern, albeit from different perspectives. The two stakeholders who have experienced both sides of the divide, working both in organizations that receive funding and later in their careers working in ‘donor’ organizations, noted that unequal resource distribution fuels power imbalances. The stakeholder from DRC noted that grantees in different countries can be treated differently by the same

funder. Smaller, less-known ‘local’ organizations do not receive funds directly from ‘donors,’ but rather through larger ‘local’ organizations who rely on their expertise and experience within the community to collect data which are then transferred to ‘donors.’ Insufficient training in resource management for projects prevents smaller organizations from competing with larger ones, whether they are national or internationally based. One stakeholder noted that from his experience, ‘donors’ should incorporate an independent means of verifying what these small organization sub-grantees received and what they were meant to receive.

All stakeholders, using their own language, noted that ‘Global North’ partners had high overheads, yet there was no provision for similar overheads for institutions in the ‘Global South’ which limits the allocation of resources to infrastructure and service expansion. Solutions proffered for individual researchers seeking training opportunities that will make it easier for them to bid for funding directly from ‘donors,’ rather than just accepting the “less technical, less rigorous

“[Our organization] has not often had the chance to benefit directly from the donor. So very often we are the under/under/under beneficiary, and the results we get are not presented as such. Our results are presented to the recipient who is above us, he too will process and present them as expected of him and so on.” – Civil society organization leader

roles of data collection and cleaning” that are routinely assigned to them. Researchers and international organizations need to train ‘local’ NGOs to raise their standards and make them more competitive. One stakeholder noted that he had been involved in doing this, as well as providing supportive supervision in an attempt to build trust in these smaller NGOs. Another proposal was for the training and supervision of ‘local’ organizations to be accompanied by community strengthening, whereby organizations are encouraged to form an association that can speak with one strong voice, since ‘Global South-South’ partnership may be strained by competing for resources rather than collaborative work.

‘Local’ context matters and ‘local’ voices must be prioritized. Stakeholders consistently cited the importance of taking the ‘local’ context into account in doing global development. Even when partners in the ‘Global South’ expressed their concerns, ‘Global North’ partners were inflexible, maintaining their own agenda. One of the stakeholders from academia noted that most of the time, ‘Global North’ partners would write proposals without any input from researchers on the ground, without an understanding of the religious, moral, and cultural specificities and sensibilities of different subpopulations and communities. Stakeholders from academia felt that ‘Global North’ and ‘South’ partners should co-design projects, to ensure community participation, thus increasing the likelihood that community members would feel ownership and ensure sustainability of the program.

“But there are local NGOs that, if they are well supervised, can produce good results. It depends on the degree of commitment. Personally, I worked for a foreign country, for example Belgium, in the cooperation. My role was to finance local NGOs. First, I had to train them on how to present projects, how to present a well-detailed project to get funding, and also how to inspire confidence.” – Academic researcher

The exclusion of voices from the ‘Global South’ by partners in the ‘Global North’ also came up in discussions of dissemination of programmatic or research findings. One stakeholder from academia noted that the ‘Global North’ partners often reach out to the ‘Global South’ with a finished product, and only ask for comments, disregarding the hard work of their ‘Global South’ partners’ community entry

“... Design and conceptualization of projects need to be carried out together; management of the budget; equal decision-making power based on evidence and experience of local investigators/program planners.”
– Academic researcher

“... but it’s very important from the conception of the project that we take into account what the population wants. That we can make the population participate. That the population take ownership of that project, as if it were a project of the population, and that the outsider brought only the funds and the expertise. The participation of the local population from the design stage, during the implementation, and until the evaluation of the project is very important...” – Academic researcher

efforts, as such efforts do not “sound academic.” To ensure ‘local’ voices are prioritized for their expertise, stakeholders suggested mandatory synchronous (regular meetings) and asynchronous (emails, WhatsApp, SMS) communication at project kickoff between ‘local’ and ‘Global North’ partners. Others suggested employing ‘local’ staff that would interact and collaborate with northern ‘donors’ and partners, seeking funding directly

from ‘donors’ rather than serving as sub-recipients on grants to researchers in the ‘Global North’ and taking on the challenge of leadership in research and ‘development’ endeavors.

Ingredients for decolonization are not far-fetched. The understanding of the term

decolonization varied across the four stakeholders, but all were familiar with the concept. Other terms

“... Major players, donors, must come together to reset the agenda around core elements, a global partnership that embeds equity. (1) A global framework – to become the guiding light for the work we want to see in global health... For example, if you submit a research proposal, you know what to look out for to define ethical research... Until there is a common understanding and framing around the issue, there will still be room for many players to hide. The major funders need to come together to agree. In the donor world, there is the Effective Development Principle (EDP) – we need something like this to define an acceptable, respectable, equitable partnership in global health. This will define the voice we hear. (2) A global pact to reshape and redefine the agenda.” – Academic researcher

they used in their work included social justice, equity, inclusion, and diversity. There was common understanding, however, that the ingredients were easy to articulate but hard to actualize. Stakeholders felt that the ‘Global South’ researchers, program leads, and both developing and well-established experts must bring their negotiation skills to the table. One way was by experience and learning that “over time, one becomes more independent and can walk away

from collaborations that do not seem profitable or helpful.” Furthermore, it was noted that more transparency was an essential, non-negotiable ingredient to moving forward with collaborations between the ‘Global North’ and ‘South.’

Cues to Action: Even today, global health remains entrenched in colonial structures and power dynamics, where high-income country experts and institutions are valued much more than expertise in low- and middle-income countries. To bring about changes emanating from the above findings, innovative ‘Global South’ consultancies like EVIHDAF should ensure equity in: (1) partnerships between ‘local’ organizations and funders to open transparent communication; (2) distribution of project resources and location of project implementation; (3) designing programs grounded in community needs and priorities; and (4) dissemination of feedback to promote sustainability.

REFLECTION AND INTERPRETATION ACROSS CASE SUMMARIES

The intention of the summaries was not to quantify, compare or contrast ‘Global North vs. Global South’ perspectives, given its purposive sample, small sample size, and the inability of any voice to represent all voices. Instead, we note the shared understanding between all stakeholders of the need for change.

Across stakeholders, we found consensus that power imbalance in research and funding relationships between the ‘Global North’ and ‘Global South’ is rooted in the legacy of colonialism in the design of health systems that center clinical care and limit ‘Global South’ institutional capacity strengthening. Further, fragmented, disease-specific funding approaches are unresponsive to locally identified needs for comprehensive and holistic programs that address health promotion, prevention and health systems strengthening. The awarding of funding to ‘Global North’ partners who sub-contract to ‘Global-South’ partners disempowers ‘local’ institutions. The disempowerment is evident in inequitable distribution of funds via overhead cost limits, rigid requirements and systems that limit eligibility for funding, and short-sighted funding cycles which do not consider or align with community-identified priorities.

Reforming Partnerships in Research

Stakeholders who were researchers across diverse settings cited emphasis on metrics and English-language publications which eclipses ‘local’ knowledge and shapes the definition and prioritization of research questions unilaterally. The researchers who shape these questions are then selected to lead and therefore receive funding and authorship priority, leading to a self-perpetuating cycle of exclusion. The contributions of ‘Global South’ partners who shepherd and maintain relationships with ‘local’ communities, offer essential ‘local’ knowledge, and collect, contextualize, and analyze data are systematically undervalued. Indicators should be reimagined to avoid fixation on numbers and instead allow for flexibility and responsiveness, thereby promoting mutually beneficial and successful partnerships. One way is to

create metrics to measure and assign value to equity in partnerships, capacity-bridging, and accountability to ‘local’ populations which can then serve as an incentive to prime organizations to cede power and resources to their ‘Global South’ partners.

At the heart of power imbalances in research was the concept of data and intellectual property

“In research, it is really pronounced. Researchers in the US/Europe will hand off data collection to people working in low-income countries... to me, it has always meant bad quality of research because you are not... understanding the context. It has to do with speed...” – Leader of large INGO

ownership, which reflects unequal power dynamics between partners, funders, and actual program ‘beneficiaries.’ Data ownership is secured via contractual agreements that favor prime organizations. Contracts between the prime partners and subcontractors should be modified to reflect joint ownership of data, innovations, and access to and utilization of the data in publications and other scientific outputs. This would then necessitate investment

in infrastructure and data management such as servers, archiving, and data analysis, among others, which would represent a step toward meaningful shared ownership and investment in ‘local’ infrastructure.

Contributions from partners based in the ‘Global South’, without which research would be impossible, should be appropriately valued and reflected in authorship. One stakeholder proposed considering writing as a specialized role separate from intellectual and instrumental contributions. Others called for ‘Global North’ partners to better engage ‘local’ stakeholders in study and program design, prioritize ‘local’ languages and methodologies that challenge our notion of ‘gold standards,’ and invite transparent negotiations around funding, institutional roles, responsibilities, and growth, and as best practices to promote equitable partnerships.

Reforming Funding Requirements

Stakeholders noted numerous, concrete opportunities for global health and development funders to drive change by ensuring responsiveness to ‘local’ priorities, building equitable partnerships and ownership standards, and increasing the allocation of funding directly to ‘local’ organizations. Instead of expecting altruistic tendencies of powerful partners to drive change, funding entities that are committed to remedying historic power imbalances can incentivize or require “traditional” funding recipients to cede power and resources to partners based in the ‘Global South.’ This is necessary, given that prime partners are hesitant to wholeheartedly enhance the capacity of their would-be future competitors. Reforms include:

“A lot of times, localization gets defined as money towards local organizations... if you give money, but tell them exactly what to do, that’s not localization. If you just hire local staff, that’s not localization. We get stuck [on] the metrics... a lot of it is not ... measurable.” – Staff member from large, international funder

- Donors: A clearer definition and set of requirements to define who is truly a ‘local partner’ that preclude large INGOs becoming the ‘local’ partners, selection processes for implementing partners with inbuilt “affirmative action for local partners,” feedback from ‘local’ partners and populations about the performance of prime partners, and equitable overhead costs to support ‘local’ institutional capacity and infrastructure
- Prime Partners: Develop and implement equitable policies to govern partnerships with ‘local partners,’ including tracking of the implementation of the policies and clear definition of the targets of funding to be transferred to ‘local’ partners/subgrantees.
- All: changing norms of minimizing fiduciary risk and maximizing productivity in favor of allowing for more systemic change. This will require more flexibility on funding timelines, required application requirements for awards to organizations who may be first-time awardees without all existing infrastructure, and ongoing learning from projects at the funder level to revise funding requirements as funding calls are rolled out.

The exercise of developing this white paper shows us that we must collectively engage and grapple with the difficult and long-term work of decolonization. Actors across the ‘Global North’ and

“In addition to loosening our addiction to data, we must also grow an understanding of the need to look beyond impact data. There are other things that can be measured on a more rolling basis that are more qualitative and that have to be grounded in a theory of change but can be used to adapt as you go.” – Staff member from large, international funder

‘Global South’ must interrogate and define how and why decolonization is a necessary component for sustainable ‘development’ and define their role in this process. We must then move to ordering our action steps, knowing that the context within which each of us works and our unique positionality means we all have different levels and spheres of influence to enact change.

REFLECTION ON THE PROCESS FOR COMPLETING THIS WHITE PAPER

Throughout the process of envisioning, conducting, and completing this white paper, we have reflected on the reality of power dynamics that have been encountered in the process. Summarized below are ways in which we acknowledged their presence as well as how we handled them.

- **Power dynamics within interviews:** The power dynamic of ‘Global South’-origin and ‘Global North’-origin individuals was present in interviews. While these are sometimes inevitable, we recognize that some topics may have been discussed differently in the absence of this imbalance, such as how ‘Global North’ organizations should cede power to ‘Global South’ organizations.
- **Similarity within networks:** As described above, our case summaries included key informant interviews with some individuals who were already in our professional and personal networks. Therefore, they had some existing understanding of issues around decolonization, DEIA and localization. While this was intentional, we note that the takeaways would have differed with more heterogeneous networks.
- **Authorship:** Unlike the previous experiences of all co-authors, we normalized transparent

discussion of authorship well before the execution of the white paper. After FHI 360 had the initial conversations with USAID to craft the concept note and secure funding for this white paper, a candid discussion took place with MakSPH and EVIHDAF, whose perspectives are central to this work, for them to assume the role of first and senior authors respectively. Additionally, all four institutions collectively decided that in order to equitably honor the contributions of all authors, additional scientific publications would be pursued beyond the white paper and authored by more junior colleagues from all three institutions who do not hold lead authorship placement on the white paper but were integral to its execution. Similarly, all institutions agreed to finalize this paper with no branding of any kind from co-authors' institutions, all the while acknowledging funding sources from all four institutions (USAID, FHI 360, MakSPH, EVIHDAF). The collective decision for the white paper, however, is that the content reflects the position of the co-authors and interviewees not their respective institutions.

Interactions with funder: Interactions with the funder for this white paper, USAID, began long before the actual initiation of this white paper, which is important to acknowledge for two reasons.

- First, USAID was already familiar with Makerere University and FHI 360, and R4S represented an existing project with strong partnerships that were amenable to this work, which facilitated securing funding and establishing a timeline for this work. Secondly, our ability to pique the interest of USAID hinged upon the clear relationships between decolonization, DEIA, and localization that we explained in the original concept note developed by co-authors Maragh-Bass, Wanyenze, and Dosani. DEIA and localization were already areas of emphasis for USAID work; had that not been the case, our ability to do this work would have been limited. Lastly, co-author Dosani is based at USAID; while she was central to the envisioning of this work, she has remained predominantly in a review and advisory role and therefore did not heavily influence the actualization of this paper.

CONCLUSIONS

The purpose of this white paper was to serve as a thought piece to raise awareness, spark discussion, and identify action towards decolonization in the context of global health and ‘development.’ Doing so with intention and transparency, we have learned, necessitates deep, iterative, and transformative engagement on the concepts of decolonization, DEIA, and localization, leaning on the expertise of ‘Global South’ experts rather than ‘Global North’ voices. In particular, large global NGOs and funders are uniquely privileged to support such initiatives and uplift ‘Global South’ leaders in decolonization efforts. In the context of global health, for example, concrete examples include:

- Organizations based in the ‘Global North’ and ‘Global South’ should develop, test, and disseminate tools with concrete guidance to apply DEIA principles in order to foster equitable relationships within teams and across partners. Elevate voices, particularly of those who hold less power and are underrepresented, so that these voices inform the design, implementation and measurement of ‘development’ work;
- Define, measure, and implement localization strategies in consultation with ‘Global South’ and ‘Global North’ partners, as neither can do this work in isolation. Assess and address imbalances regarding who holds power in decision-making, how problems are defined, and how funding is allocated to ‘Global North’ and ‘Global South’ organizations;
- Funders must transform the principle metrics of success, duration of projects, funding allocation, eligibility criteria for awards, administrative processes, accountability to participating communities, and responsible resource management. These discrete changes, taken together, represent elements of systemic change in development that is called for by the decolonization movement; and
- Amplify successful efforts to implement DEIA, localization, and decolonization and communicate, as broadly as possible, the tools, the rationale, and the shared benefits of decolonization.

We must acknowledge that calls for decolonization are growing, not receding, and that we all have roles and different levels within which to advocate. Lastly, we must all accept our limitations, in that we do not have to be experts to act, nor can we be experts in other peoples’ lived experiences and context.

Next Steps & Recommendations

1. In addition to the specific reforms called for in our reflections section of this document, on a broader level and because global health programs continue to be consistently designed and implemented through the lens of high-income countries (Ogundele, 2021), we must actively shift the power to those who have been systematically disempowered (Mofokeng, 2021). Leadership should be shifted to the ‘Global South,’ especially to women of color, and decolonization should be grounded in the work of these ‘Global South’ leaders (Büyüm et al., 2020; Opara, 2021). Programs are designed and implemented through the lens of high-income countries (Ogundele, 2021).
2. Recognizing that global health is often taught in “depoliticized, un-critical and ahistorical ways,” portraying the field as objective and value neutral (Saha et al., 2019), global health professionals at all training levels should be informed about inequitable global disease burden and required to interrogate the racist and colonial histories that caused these unequal burdens in the work they conduct (Büyüm et al., 2020). The global health and ‘development’ sector continues to be imbalanced, concentrating power among White and ‘Global North’-educated individuals who are furthest removed from the regions in which they work. Each of these are underlying systemic issues that must be understood, so that they may be addressed in program implementation and in order to make progress in the long-term work of shifting geopolitical imbalances reflected in who advances to positions of power.
3. We must continually do the internal work of decolonizing our ideas and practices, advocate for change in our respective institutions and organizations, and connect to others actively doing the same. Fundamentally, even our language and the words we use,

and the English language itself is a source of power imbalances which pervade the legacy of colonialism worldwide (Büyüm et al., 2020). The renewed commitment to DEIA and decolonization can be invigorating and empowering. However, too often we find that donor commitments fall short of systemic, sustained action as policies, programming, mandates, and political shifts can prevent meaningful change. ‘Development’ organizations have a responsibility to reform and combat systems of oppression that perpetuate asymmetrical power structures and lack of representation of global voices and communities. These organizations must acknowledge and accept that a shift in power and a long-term view are necessary to see these efforts through. ‘Development’ organizations must interrogate the very ways in which they do business.

It behooves all of us as actors in global health and ‘development’ to understand that readiness for organizational change requires long-term investment, which challenges our tendency towards incentive-only processes, tunnel vision, perceived scarcity of resources, and unintentional defense of status quo (Kaufman, 1971). We must allow the space and flexibility for change to occur, recognizing that country systems, politics and behaviors are continuously evolving. Although not sufficiently addressed in this white paper, we acknowledge that the role of Governments in the Global South (including ‘local’ Governments) is crucial to decolonization efforts. Power imbalances do exist at local levels and may often perpetuate the harmful relationships described in Global North-South relationships due to the nature of funding allocations. Therefore, shifting power and funding to ‘local’ organizations is an important role of Government when allocating funding particularly in regions with decentralized approaches that support direct funding flows to the county and regional levels. Support therefore should not let reaching the short-term milestones overshadow and undermine the long-term prospects and foundations needed for self-sustaining change and growth. There is no quick fix to dismantling centuries of deeply embedded power imbalances rooted in colonialism and racism. Care, time, and patience are needed to engage meaningfully

and commit to a deep understanding of coloniality and power (Pai, 2021), for unless we understand these structural inequities, we will not be able to understand why all of us benefit from their dismantling.

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APPENDIX A: GLOSSARY OF HISTORICALLY INSENSITIVE TERMS

Many commonly used terms in global health and ‘development’ are problematic and harmful. This list is by no means exhaustive but is a starting point for understanding the harm that certain terms can have, and what may be a better way to describe these concepts. Language can be used as a tool to perpetuate power imbalances, often in ways that we do not realize, especially when terms are so common in the industry that we do not stop to think about them. Throughout this paper, the terms ‘Global North’ and ‘Global South’ appear in quotations since we recognize that they are problematic (and have included them in the list below) but are commonly understood ways to describe countries.

Term	Why it is problematic	Alternative
Aid	Creates the image of funders selflessly donating money to help poor countries that are in need of rescuing	Funding, resources
Beneficiary	Suggests that by not paying for services, recipients owe funders gratitude. When you design something for a “beneficiary,” it is implied that you do not need to center them in the process or ask if they are satisfied with what you are providing them. (Khan, 2015)	Funding recipient
Capacity building	Suggests that ‘local’ communities and organizations lack skills or existing capacity and expertise and that bidirectional learning and infrastructure is not needed	Capacity bridging (or capacity strengthening in some contexts)
Developed/developing countries	Positions the ‘Global North’ as the reference point that all other countries must strive towards	Minority World (‘Global North’) and Majority World (‘Global South’) Use of high income and low/middle income is defining

		countries based on their usurpation of resources which also is a harmful legacy
Donor	Portrays countries and organizations that provide funding and resources as selfless	Funder
Field expert/ working in the field	Perpetuates images of the 'Global South' as 'uncivilized'	Indigenous experts in-country
Global North/Global South	Positions the 'Global North' as the reference point that all other countries must strive towards and typically 'Global North' is listed first	Minority/Majority World, high-income countries/low-middle income countries
Development	Places 'Global North' countries' political, social, and economic processes as the standard, the only reference point of modernity rather than focus on action being taken which may have different motives or intentions	Implementation
Locals	Limited definitions and requirements still allow Minority World organizations to define themselves as 'local'	Indigenous partners
Host country	Host implies foreign presence which often includes foreign 'expertise' and dollars without guidance from ifind and ndigenous expertise or acknowledgement of prior historical inequities	Country of establishment
Mission	Recalls missionary work, i.e., colonizers imposing their religion on their colonies	Goals (when referring to an organization), and in-country programs when discussing implementation Country office may be appropriate for physical locations in-country

Manpower	Makes gendered assumptions about what type of individual is 'counted' in work and who should be empowered	Workforce, human effort
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Rethinking "Vulnerable" and Related Terms	Suggested Alternatives
At-risk	Groups who experience a disproportionate burden of [poor health]
Disadvantaged	Groups who experience health inequities
Disenfranchised	Stakeholders in life stages that may give rise to vulnerability
Marginalized	People we oppress through policy choices and discourses of racial inferiority
Susceptible	Priority population
Underserved	Structural vulnerability / Structurally vulnerable
Vulnerable	Name the source(s) of vulnerability: bias, cis-hetero domination, discrimination, health inequity, misogyny, oppression, policy, racism, segregation, white supremacy, etc.

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