



Shifting power in global health Decolonising discourses — Dialogue 3

Convened by



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Wilton Park

SHIFTING POWER IN GLOBAL HEALTH

Decolonising Discourses — Dialogue 3

**SUMMARY OF UNITED NATIONS UNIVERSITY, DEVELOPMENT
REIMAGINED, AND WILTON PARK VIRTUAL DIALOGUE**
TUESDAY 10 MAY 2022 (0600-0800 GMT & 1400-1600 GMT)

EXECUTIVE SUMMARY

This report summarises the third of three virtual discussions in the series on "Shifting Power in Global Health", co-convened by the United Nations University – International Institute for Global Health, Wilton Park, and Development Reimagined, which took place at a time of increasing and enduring calls for a reassessment of global health and recognition of its colonial heritage.

The [first dialogue](#) focused on identifying points of convergence and power balance in partnerships, while [the second](#) focused on South-South cooperation. The third event, led by Development Reimagined, presented opportunities for the panellists and participants to discuss the mechanisms that global South practitioners, academics, and advocates can implement to harness their agency over global health finance.

Following the format of previous dialogues, this third dialogue was conducted in two sessions to accommodate a range of time zones, ensure global engagement, and provide a safe space for participants to interact without attribution, according to the [Wilton Park protocol](#). Furthermore, the third dialogue had diverse participation due to a strategy suggested at the second dialogue to ask past or registered attending global North participants to invite global South practitioners and specialists. Overall, thirty-four people attended from – and identified with – over 30 locations/nations.

This report summarises the points of discussion raised by the participants of the dialogue, and does not necessarily reflect the views of the rapporteur or the three host institutions.

Key points from the dialogue:

Agency and decolonised health finance in local communities and the global South have not yet been properly established and are still limited due to lingering colonial, post-colonial, and – increasingly – neo-colonial structures:

- Global health organisations and global South governments need to be open to reforming their culture and business models to support agency and thereby decolonise global health finance. The global health community needs to move beyond top-down, external, and centralised funding models.
- Agency needs to be enhanced from the grassroots up to the national or federal level, with adequate support for contextual research/input, while giving priority to local leadership as well as adopting mechanisms to support transparency and sustain accountability to local constituents.

Power and finance are tied, as imbalances in power seep into finance for global health, which can impact agency:

- South-South funding flows (between global South countries) occur and can widen the pool of available financing while offering mutual support systems and growth, more balanced power differentials, and agency within the global South.
- There needs to be more flexible thinking on how global health practitioners decide what is "efficient" or "impactful" when it comes to health and development finance as the views and perspectives of global North funders can differ greatly from local communities.

Funding diversification options and structural reform go hand in hand:

- Taxation and donor funds were presented as existing models of financing which can be reformed to increase equity and efficiency. Stricter tax regulations to prevent illicit financial outflows from low-and-middle income countries (LMICs) must be complemented by progressive models which do not disproportionately burden the poorest populations. Donor funds should be rid of the strings that frequently come attached such as complex monitoring and evaluation requirements, external priority-setting, and hidden agendas; flexible funding will empower local communities to prioritise their own needs over external requirements.
- Reparations were explored as a conceptual possibility in need of further discussion, with many potential challenges such as identifying the actors responsible for reparations, deciding on commensurate compensation and the format(s) of repayment, and determining the distribution of resources within and between formerly colonised countries. Nonetheless, this potential funding mechanism holds promise for communities looking to strengthen local health systems and services.
- Social impact bonds and blended financing were highlighted as comparatively newer financing mechanisms with the potential to empower but not necessarily emancipate local communities from perpetual dependence on external resources. As these new models are adapted and adopted within the health sector, it is crucial to interrogate their impact on local agency.

Overall, the third dialogue confirmed that agency of local communities needs increased prioritisation, decolonising finance for global health matters, and power is tied to finance. It also affirmed that financing options that promote the agency of global South communities and leadership exist, can be sustainable, and must be pursued with more vigour to decolonise the global health sector.

This dialogue was the final in a series of three which explored the multiple dimensions of and many pathways to decolonising global health. The organisers hope these discussions will serve as catalysts for further activities and cooperation between the many movements to decolonise global health.

INTRODUCTION

"Shifting power in global health" is a series of dialogues convened by the United Nations University - International Institute for Global Health, Development Reimagined, and Wilton Park. The series brings together diverse stakeholders, particularly underrepresented voices, for an open and honest discussion about the future of the decolonising agenda in global health.

The overall aim of the dialogues is to deliver and develop:

- A set of tangible actions for organisations and individuals to take forward to decolonise global health,
- A resource that highlights existing connections throughout the global South working towards decolonisation, and
- Core principles for decolonisation that unify organisations and individuals in the global North and South working towards decolonisation.

Each dialogue in the series is hosted twice on the same day to maximise participation from different time zones under the Wilton Park protocol, (1) which assures a safe space for interactive discussion and non-attribution in reporting. Participants are invited to speak as individuals rather than organisational representatives. of their organisations.

The first dialogue (2) covered a wide range of perspectives and had many questions posed by the participants regarding South-South partnership dynamics and how successful South-South partnerships manage power imbalances. The second dialogue (3) went further with an exploration of South-North alliances, South-South collaboration, and approaches to bridging the power imbalances between them, setting the scene for the third dialogue.

The third dialogue sought to evaluate global health financing and give examples of how global health funders can avoid reinforcing historical inequities and power differentials. Further discussion covered funding mechanisms to establish South-South partnerships, support bottom-up power dynamics, and build recipients' agency to become sustainable.

The key ambition of the organisers of the third dialogue was to bring together a diverse set of participants to discuss practical steps to decolonise global funding and global health partnerships, as well as identify their drawbacks and challenges. Specifically, the third session posed the following question to panellists and participants: *How can and does the global South harness their agency over global health finance?*

1 The Wilton Park Event Protocol. <https://www.wiltonpark.org.uk/your-stay-at-wilton-park/conference-format-and-guidelines/>

2 United Nations University - International Institute for Global Health, Development Reimagined, & Wilton Park (2021). "Shifting power in global health: Decolonising discourses - Dialogue 1". DOI: 10.37941/MR/2021/1

3 United Nations University - International Institute for Global Health, Development Reimagined, & Wilton Park (2022). "Shifting power in global health: Decolonising discourses - Dialogue 2". DOI: 10.37941/ENJU6210

Participants engaged in two exercises which were first carried out in the initial dialogue, repeated here to assess the extent to which this series has drawn in new voices and increased the diversity of perspectives over the course of three dialogues.

First, they were presented with a reversed map, challenging them to decolonise thinking about geographies, and asked to mark down their locations on the map in two ways (Figures 1, 2):

1. To mark their current base from where they were joining the online session (their "star"); and
2. To mark the spot(s) they most identify with (their "heart").

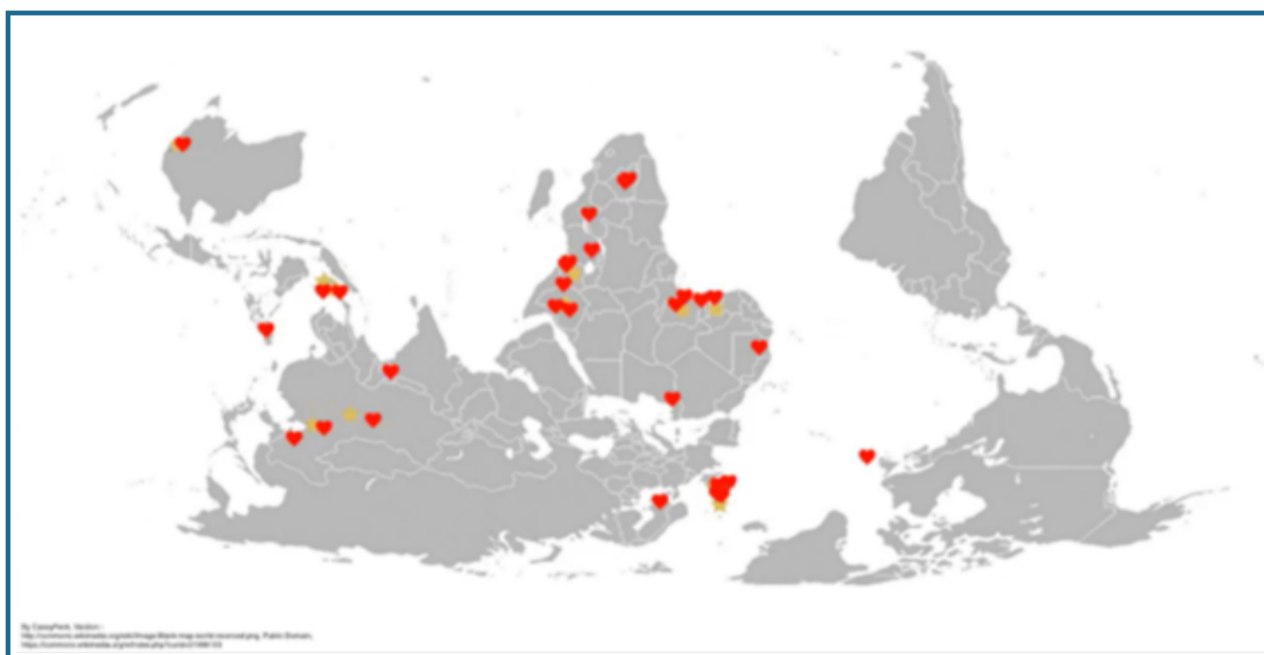


Figure 1: Physical and identifying locations of Session A participants.

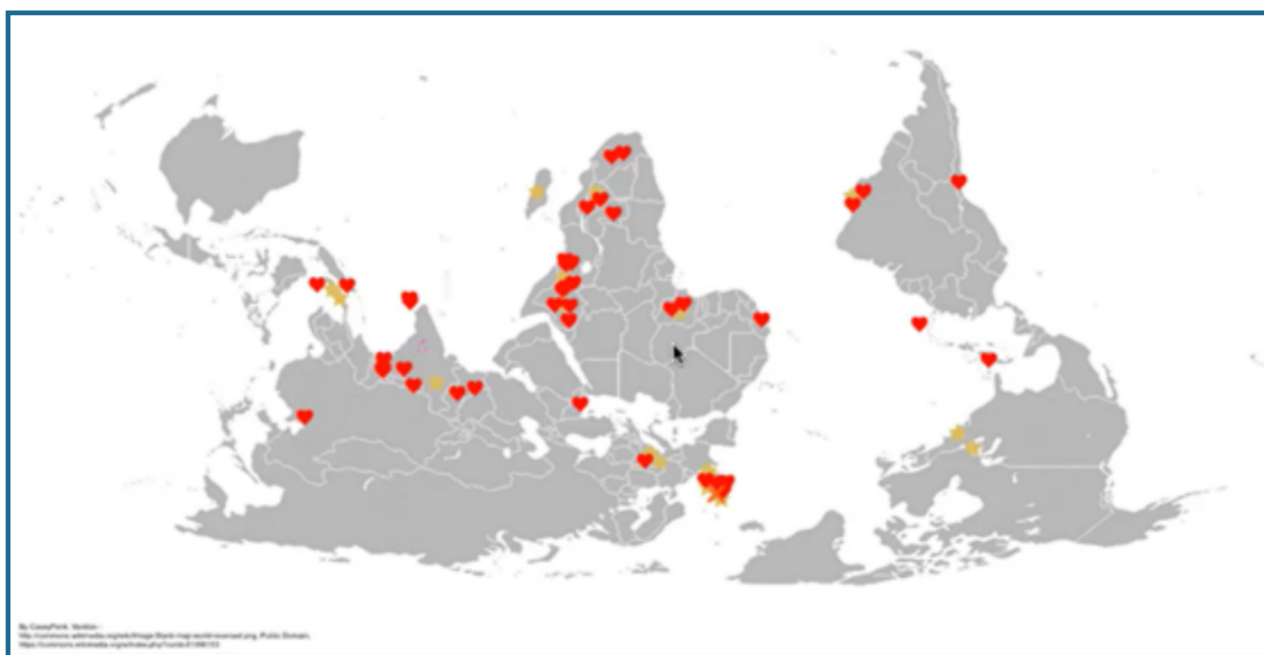


Figure 2: Physical and identifying locations of Session B participants.

Next, participants were asked to reflect on what words or phrases came to mind when faced with the key question of the session: "How does the global South harness their agency over global health finance?" The results shown in Figure 3 illustrate the breadth of ideas that participants had at the start of the session. Ideas encompassed attitudes, practical new initiatives, coordination and policy, as well as change and structural reform. This variety of perspectives carried through into the rest of the dialogue.



Figure 3: Sessions A and B responses to the question: "How does the global South harness their agency over global health finance?"

KEY THEMES

“
 We have to think outside the box to really design effective, innovative and sustainable mechanisms for financing our healthcare.
 ”

1. There is a need to increase agency in local communities

The concept of “agency” – used in these dialogues to mean “being in control of or having decision-making sway over the available financing mechanisms” – was a common thread woven throughout the third dialogue. The parts of the conversations related to agency were most closely tied to decolonisation in the sense that the panellists and participants agreed that several factors contribute to the attitudes of local communities.

Local communities’ historical pre-colonisation structures were fundamentally changed during the period of colonisation and post-colonisation. Provision of services by colonial governments removed agency and ownership from communities and bred dependency on imported structures. This dependence on external (or outside) sources was implied to have created circumstances in which locals undervalued what could be done locally and internally.

Additionally, one participant reflected that in pre-colonial times, local leadership within communities fostered a sense of responsibility within the leader and closeness between both parties. However, the colonial shift to a top-down governing style, which persisted

even in post-colonial times, led to a loss of responsible leadership and created distance between local communities and the institution(s) making decisions on their behalf, stripping people of what little sense of agency remained in the aftermath of colonisation.

Several panellists observed that contemporary funding models might be likened to the above model of distant and top-down leadership and thus contribute to the failed provision of services that are appropriate to the local context and effective. Innovative funding models should aim to strengthen governing institutions at national and local levels to overcome this legacy of colonial rule.

2. Decolonising global health financing matters

“
The health community has got a voice and a role to play in this... we need to see it as a political project and not as a technocratic one... viable technical solutions could be implemented, provided there is the political will.
..... ”

Debates and discussions on decolonising global health have increased over the past five years, gaining notable traction during the COVID-19 pandemic.

- The world is at a critical junction when it comes to addressing global health issues. COVID-19 has shed light on extreme disparities and how problematic existing structures are. For example, the average African has had access to 0.5 vaccine doses, while the average Asian has been able to access two doses, and those in Europe and North America have had at least three to four doses. (4)
- While governments have provided employment subsidies, cash transfers, and food and fuel subsidies, many communities have needed to fill in the remaining gaps with locally driven initiatives. This prompts the reassessment of current finance structures to drive sustainable change.
- Several of the above activities are financed by external sources via government grants or aid, reinforcing the dependency on external funders in a world where external funding has stagnated and is being spread across an ever larger set of priorities.
- Contemporary global challenges – disease outbreaks, climate change, the war between Russia and Ukraine – exacerbate problems in existing structures, intensify extreme disparities, and lend renewed relevance to the conversation around the need for a shift in power both within and between countries.
- Local communities in the global South need to have the power to make decisions for themselves and have agency over the funding made available to them either through traditional funding mechanisms or through the redistribution from their respective governmental bodies.

4 Development Reimagined (2022). “Can African countries rely on vaccines to manage COVID-19?”
<https://developmentreimagined.com/2022/04/19/canafricancountriesrelyonvaccines/>

3. Power and finance are linked

“.....
The importance of coordination and collaboration at community and sub-national levels, not just a donor international level [are] really critical for pushing for change.
.....”

Power is concentrated in the hands of those who hold the purse strings, with implications for control over decision-making and ownership over structures in contemporary systems. This point led to a discussion on how best to reform existing governmental structures across community, national, and international levels, including the multilateral system.

- There is a need to shift from relying on external donor funding towards effective, innovative, and sustainable financing mechanisms for financing healthcare. It should be noted that funding need not exclude South-South funding streams, which could offer more balanced power differences between global South nations. It is crucial to look inwards and harness the power of the population to shape the future direction of the ownership and use of resources, as the more control people have over resources, the more resources they will have at their disposal, and this can be translated to more space to determine what happens in the global health arena.
- When it comes to national reforms, there is "a potential unwillingness of local authorities to reform the existing structures, due to the risks associated with a tightening of financial policies", such as possibly discouraging foreign investment. But it is important to have broad-based policy with the formation of policies resulting from an inclusive process so that all stakeholders can have a say in what to do and how to achieve it.
- As the number of challenges increases, the available resources - money, technology, and human resources – made available for each challenge become scarcer, necessitating planning towards funding efficiency and sustainability.
- Mechanisms must be put in place to track and communicate the results and outcomes of health interventions to ensure more buy-in from stakeholders in the healthcare delivery system.

4. Diversification, innovation for funds, and structural reform go hand in hand

“.....
We should be thinking about how we can use innovative finance to strengthen institutions and reclaim the State, so that the State can provide more effective public services and public goods.
.....”

The dialogue panellists and participants introduced and evaluated five broad funding models/mechanisms, as well as concerns and questions to be answered if an organisation or a government body would like to utilise one or more of them. The five mechanisms discussed and the key points that arose are set out below:

- *Taxation*: Progressive tax reform to prevent aggressive tax avoidance and illicit financial outflows is a key intervention that could improve the financing of public services and organisations with a public interest remit such as the United Nations. However, participants warned against universal/broad application of new tax schemes which would disproportionately burden the poorest populations; a progressive model should be adopted in which those with the highest incomes pay the most tax while the lowest earners pay the least.
 - Those with the highest incomes would include key players within the pharmaceutical and insurance industries, which hoard increasingly large concentrations of wealth – grown in part through tax-evasive practices - and fail to contribute towards the equitable redistribution of resources. Tax revenue from these entities would resource the interventions necessary for a decolonial shift by strengthening local health systems and services.
- *Donor funds*: Conventional funding models were criticised for their vertical and restrictive nature. Participants emphasised a need to eschew such models – which frequently come with complex M&E requirements – in favour of flexible funding that responds to the needs of communities rather than the priorities set by donors.
 - Bilateral funding which often comes with “strings” attached was also criticised as another avenue through which external agendas can be imposed upon local communities, with participants suggesting multilateral funding as a preferable alternative.
- *Reparations*: Understood in the context of this dialogue as resources tied to systems of redress for past injustices, reparations were discussed as a possible funding mechanism for development and, specifically, for health. Participants referred to the ongoing call for reparations for the historic enslavement of Black persons in the United States of America, (5) as well as for colonialism, and the strong renewed leadership on this issue by countries calling for reparations for climate change. Participants also referred to existing precedents, such as examples from Kenya-UK (Mau Mau) and Germany-Namibia (Herero-Nama). (6)
 - However, participants also identified challenges such as difficulties measuring the impact of colonisation, identifying the perpetrators, and deciding on the format(s) of repayment. The distribution of funds might also present a challenge as the effects of colonisation were not always evenly distributed within a given country and between communities. Crucially, it was noted that conversations about reparations based on the inherent belief that colonisation was a harmful process can sometimes be challenged by those within local communities who question whether “the institutional frameworks which were put in place were/are more effective than those which existed pre-colonisation”.

5 Ray, R., & Perry, A. M. (2020, April 15). Why we need reparations for Black Americans. Brookings. <https://www.brookings.edu/policy2020/bigideas/why-we-need-reparations-for-black-americans/>

6 Paulose, R. M., & Rogo, R. G. (2018). Addressing colonial crimes through reparations: The Mau Mau, Herero and Nama. *State Crime Journal*, 7(2), 369-388. DOI: 10.13169/statecrime.7.2.0369

- *Social impact bonds*: This relatively new, and sometimes complex funding option, is occasionally also referred to as ‘pay-for-success bonds’. It creates opportunities for investors to contribute funds that would generate a return on investment if certain social outcomes are achieved. Social impact bonds come in different shapes and sizes, some of which provide an opportunity for novel approaches to development that might be more sustainable, bottom-up and empowering to communities.
 - However, participants noted that investors might not be interested in applying social impact bonds to health programming due to comparatively lower returns.
- *Blended financing*: A mix of private philanthropic and state funding, this option presents opportunities for flexible lending conditions and impact-driven programmes. Potential benefits of this model include the provision of subsidies and grants, short-term loans at adequate interest rates, and technical assistance.
 - However, panellists noted that blended financing runs the risk of deepening dependency on external sources rather than empowering communities to value local initiatives funded by internal resources.

Next steps

As was experienced during the first and second dialogues, consistent themes recurred in the third dialogue around developing and maintaining a sense of agency – but this time applied to global health finance.

The pros and cons of multiple financial instruments were mentioned and discussed, as were shared concerns about why the current funding model(s) are not serving the purpose of instilling a sense of agency and, therefore, what is required to remedy this.

After the discussions of the various mechanisms – including in breakout groups - participants of both sessions were asked to come together to reflect on what next. The results are shown below in Figure 4, where participant responses emphasised coordination, cooperation, and a willingness to learn from others, as well as to hold one another – and institutions – accountable.



Figure 4: Sessions A and B responses to the question: "What comes next for the global South to harness their power in global health financing?"

From the organisers' perspective, this third dialogue led to some key insights that can be applied immediately. It also suggests several points for continued discussion and dialogue, in particular:

- Further discussion on South-South funding models within global health
- How to take forward next steps on reparations, including as applied to global health?
- What specific mechanisms can be used to adapt vertical funding from traditional donors so that local communities are given a sense of agency?
- How can social impact bonds become more popular mechanisms for funding health programming?
- How to decolonise thinking around monitoring and evaluating the use and impact of financial resources?

Overall, what came across clearly was that financing options that promote the agency of global South communities and leadership exist and can be sustainable. They must now be pursued with more rigour and depth in the coming months and years to decolonise the global health sector. This will require a multidisciplinary and multisectoral effort, as well as coordination by global health and finance experts, academics, civil society and individual practitioners.

This dialogue was the final in a series of three which explored the multiple dimensions of and many pathways to decolonising global health. The organisers hope these discussions will serve as catalysts for further activities and cooperation between the many movements to decolonise global health.

ACKNOWLEDGEMENTS

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