

ABSTRACTS

Decolonisation: An Imperative for Health Equity and Health for All by Sulakshana Nandi (WHO Europe)

The call for decolonization is intrinsically related to health equity and health for all. This is typified in the spirit of the Alma Ata Declaration of 1978 which declared health as a fundamental human right and health equity between and within countries as a social goal. The Declaration emphasized the social determinants of health, the need for social and economic development through a New International Economic Order and participation of the community in decision-making on health, with governments holding the responsibility for ensuring health. Now after 45 years of the Declaration, the crisis in health at the global level and within countries is more severe than ever before. While there have been some improvements in health indicators, wide inequalities in health exist between and within countries. Public health systems are weakening, and unable to keep up with the changing disease burden, with health workers bearing the brunt. Countries of the global south that have followed the primary healthcare approach as espoused in the Alma Ata Declaration, can show the way forward. For this to happen, these experiences must be acknowledged and incorporated by dominant paradigms in global health, and inclusive evidence creation promoted centering the voices of people and health workers who are most affected.

Decolonisation: What Role for CSOs by J Carolyn Gomes (Vice Chair, Strategy Committee, Global Fund for HIV TB & Malaria)

This paper looks some of the controversies and practices and the need for shifts captured in the phrase decolonising global health. Tracing the historical roots and practices of colonialism and the resulting ecosystem of racism and the devaluation of the inhabitants of the developing world. It discusses some of the paradigms of colonialism and their impact on global health presumptions and practices both historically and continuing into the present day.

Drawing heavily the work of Kwete et al it traces the colonial remnants in global health and the provides examples of the practices, institutional arrangements and policy assumptions that inform the present day architecture of global health and interrogates these arrangements, practices and policy assumptions with data on economic and personnel contribution flows from global south to the global north. Using these examples it seeks to challenge the continuing colonial framework of global health and to lay out a way for Civil Society Organisations involved in health to interrogate their own unconscious assumptions about their work and ways of working as a start to shifting the paradigms and working effectively to make global health truly global in order to shed the legacies of colonialisation and racism that leave so many as 'recipients' of our charity rather than 'partners' in our work.

Swiss NGOs Engaged in International Health Cooperation: How to Respond to the Call for Decolonization? by Labila Sumayah Musoke (MMI) & Thomas Schwarz (MMI)

Labila Sumayah Musoke and Thomas Schwarz pursuant to their joint mandate from the Medicus Mundi Switzerland (MMS) Network present a report titled 'Swiss NGOs engaged in international health cooperation: How to respond to the call for decolonization'. The report presents findings from Network members on the imperative for organizations in international health cooperation to respond to the call for decolonizing international cooperation. It offers a comprehensive overview ranging from identifying challenges (general assessments) to outlining sectoral perspectives (what is to be done)

and specific actions for engaged organizations (what will we do concretely) and MMS (what can you do for us, what can we do together). These perspectives, while grounded in sectoral realities, highlight the challenge of translating discussions into practicable decolonization efforts. The report urges organizations to move beyond rhetoric and embrace proactive change.

Panel: Are We Ready for Decolonisation?

The call for the decolonisation of international (health) cooperation has become stronger since the rise of the Black Lives Matter-movement. Decolonisation demands from NGOs to revise and transform the way they are working by structurally changing the power relations between them and the partners and communities. The panel will deepen the insights of decoloniality on international health cooperation and global health.

How to decolonize our work? Some Reflections from terre des hommes Schweiz by Hafid Derbal & Tayson Mudarikiri (terres des hommes Schweiz)

tdhs works with local youth organizations in Zimbabwe, Tanzania, Mozambique, and South Africa in the field of SRHR. The implementation of projects and programmes is done by local partners and supported by local teams.

Although we do not have a working definition of “decolonizing aid” for tdhs, the discussion about what we mean by it in our different tasks has been decisive in guiding us through mid and long term plannings. If one can summarize it, it’s not about a specific goal but about the process of continuous critical reflection. Development aid has changed over the decades. The 1968 movement has challenged charity work and the colonization of our sector, the 90s have learned from previous mistakes. The SDGs are way more ambitious and elaborated than the MDGs. In this light, “decolonizing aid” means also: What should our sector look like in the future? What can and should tdhs’ role be in a changing aid sector? It’s a critical reflection really of power dynamics, structures, processes and roles within the organization. And because these reflections should be driven by the people we aspire to support, we need to think about platforms and spaces to involve them actively.

Decolonization and Localization of Aid - the Changing Role of International Players by Martin Gallard (Fondation terres des hommes)

Localisation and the decolonisation of aid mean a shift in power dynamics between actors in both humanitarian and development contexts. It means empowerment for people affected by crises. Aid is still currently designed for short term responses that are not conducive to forging efficient and long-lasting aid, which eventually impairs the sustainability of programs in place and can create disempowerment of people, systems, and dependency in countries of intervention. It is also still perpetuating power imbalances between actors from the global North and the global South. Localisation and decolonisation are the necessary way to change the current Aid scope while ensuring that National and local Civil Society organizations thrive, nurturing empowerment and ensuring quality service delivery.

Terre des hommes has targeted Operational Partnerships and Localisation as one of its key approaches in its 2021-2024 Strategy. This initiative is an opportunity to ask ourselves about decolonization of Aid and to identify ways forward for a more equitable and sustainable aid sector.

Through the implementation of a Partnerships and Localisation policy to “put Partnership at the service of Localisation”, Tdh aims to reach several objectives that will pave its way towards a decolonized and localized aid.

A Localisation Policy will be developed to support country / programme teams to undertake better localisation practices for and with their partners. The policy will therefore set guidelines and good practices to maximize Tdh's sustainability and equality within its partnerships. This policy will include practical tips and tools to maximize the effectiveness of localisation for Tdh's LNA partners. The policy will design objectives related to key topics: Long-term partnerships, funding (overheads), capacity development, partner appraisals, Partnership toolkits, decision making power and networking and dialogue, participation and feedback.

A Decentralization initiative to identify, build and implement a decentralised organisational model that empowers regions and delegations and makes its headquarters in Switzerland a centre of expertise. Tdh aims to decentralise its operations by 2025 through several stages. The decentralization is based on several dimensions: Proximity (be closer to the field and region), influence and advocacy (improve the regional policies of interest for Tdh), Positioning and visibility (establish strong links and expertise with regional aid), Local expertise (integrate local staff and partners into our regional offices), fundraising (increase institutional fundraising and donor strategies at regional level) and efficiency.

A Capacity Development Online Platform to host Capacity Building material and training sessions in several languages, Partnerships and Localisation material including guidance frameworks, report and follow-up tools adapted to Tdh partners. The platform may also include dedicated spaces for Call for Proposals, Collaboration requests and Community of Practices (CoPs) on specific topics. This platform aims to support Humanitarian and Development Professionals working for Tdh and its partners across the world.

From Catalysing Innovation to Health System Integration by Johannes Boch (Novartis Foundation)

The Novartis Foundation focuses on cardiovascular disease and health inequity. We take a population health approach, which means widening the lens from a narrow focus on healthcare delivery to a panoramic vision of improving health in the population at large. Our population health approach brings together disconnected data to create insights that help authorities understand the root causes of unequal health outcomes and find the best ways and best partners to remediate those. This empowers governments to re-engineer reactive care systems into proactive, predictive, and preventive health systems that keep people healthy. To ensure the sustainability and system integration of our activities, we partner with local authorities and work together in the design, implementation and monitoring of the population health and health equity initiatives. For maximum impact we establish public- and private-sector partnerships and connect global and local expertise. The Novartis Foundation acts as catalyzer and strategic guide of these partnerships and supports the operational execution of local innovator ecosystems and empowers local solutions. To realize this ambition the team co-creates the initiatives, builds on local priorities and needs, establishes joint planning, working groups, monitoring, and decision-making through local steering committees, nurtures joint ventures and co-investing / -funding opportunities and inclusion of diverse local stakeholders (government, NGO, academic, professional associations, patient associations, private sector, civil society, etc.).

Selected Resources:

- Novartis Foundation (2020). Population Health Toolkit: <https://www.novartisfoundation.org/urban-population-health-toolkit>
- Novartis Foundation (2023). Of urban heart health and AI: <https://www.linkedin.com/pulse/urban-heart-health-ai-novartis-foundation>
- Ann Aerts & Jo Ivey Boufford (2023) A new whole-of-city strategy for addressing cardiovascular population health, *Cities & Health*, 7:3, 296-302.

- Avezum et al. (2023). *An intersectoral approach to hypertension care: Solutions for improving blood pressure control in São Paulo, Brazil*. Manuscript submitted for publication.
- Boch et al. (2022). Implementing a multisector public-private partnership to improve urban hypertension management in low-and middle- income countries. *BMC Public Health* 22, 2379.
- Jarrett et al. (2022). Deconstructing design thinking as a tool for the implementation of a population health initiative. *Health Res Policy Sys* 20, 91.
- Reiker et al. (2022). Population health impact and economic evaluation of the CARDIO4Cities approach to improve urban hypertension management. *PLOS Global Public Health* 3, 4.

Localisation of Aid at the Swiss Red Cross by Fortunat Buesch & Hyacinthes (Swiss Red Cross)

The Albatross transformation process is a manifestation of SRC's commitment to locally-led action. The Albatross is redefining the services SRC is providing to its stakeholders, specifically its Sister National Societies as well as its funding partners. In addition to these direct stakeholders, the Albatross furthermore defined the role of SRC within the wider Red Cross Red Crescent (RCRC) Movement and how it can support the Movement's strive to more localised action. SRC is thus committed to provide expertise as well as shape the discussion within the RCRC Movement on relevant issues linked to National Society Development. The SRC's approach to localisation, inspired by the Albatross process, will be illustrated using the example of SRC's strategic expansion in the Western Africa Region.

Is Cooperation at Eye Level Possible? by Cheikh Mbacke Gueye (Medicor Foundation)

In his talk, Cheikh Mbacke Gueye argues that different stakeholders of a project – target groups, implementing organisations and funders – need to cooperate at eye-level in order to fulfil ethical and pragmatic demands. Revisiting some classic principles guiding International Development and Cooperation such as “do no harm”, “ownership” and “participation” would offer viable guidance and inputs to realise cooperation at eye-level.”

Panel Discussion: “Money is Power”

Donors as actors in international health cooperation play a crucial role in transforming or conserving structures that form inequity in this sector. This starts with individual donors just wanting to “help” and feel good about their “help”. The marketing departments of many NGOs are reacting on this demand by communicating with symbols that perpetuate racial and chauvinistic perceptions of the global south. On the other hand foundations, or state donors impose by their accountability systems structures that are hindering northern NGOs in overcoming their colonized structures.

PART 4: How will the Future Look Like?

Panel: How Will the International Health Cooperation Look Like in 15 Years?

Members of Network Medicus Mundi Switzerland have always been in the forefront of adapting their mode of working to a changing environment. After a full day of debating on how to overcoming deeply rooted colonial structures in international health cooperation and global health, we address the basic question, how international health cooperation and global health will look like in 15 years.