

Decolonizing? Where are we going with this

Synopsis:

Decolonisation is the new buzz word, the latest topic du jour, the new trend across the academia and global development sector. It has also brought up new questions, new issues and new challenges. It has created two camps, and both do not have clarity.

Key Words; #Decolonisation, #DecolonisingGlobalHealth #Reflexivity #ReflectionForAction

Decolonizing? So where are we going with this

Decolonization has been the most talked about and researched topic in the last few years. However, what it means is becoming a bigger question for us. There is existing lack of clarity on Decolonizing Global Health agenda, who sets the agenda and who should be part of the conversations does not have easy answers.

The lack of clarity has created two camps. One camp Supports decolonisation and the other is Concerned about it.

There is a cadre of supportive people who are extremely critical of international aid endeavour and the aid agencies. This camp includes those controlling and spending millions of aid dollars of official development assistance funds. However, there is no clear decision or direction of what the outcome of this criticism will be. Is it about making aid better or is about ending it altogether? They are still trying to figure out if decolonisation is even possible. The tools and approaches that are being used to decolonise are the ones that brought in the colonisation in the first place, is there a tinge of coloniality in the intent to decolonise?

The other camp of concerned people claim that international aid is critical for survival of the most vulnerable and want to defend the human enterprise which is dependent on aid agencies.

They argue that the infrastructure and the health system created in the colonised countries is still what is standing. Libraries, roads, schools, potable water, hospitals, health centers that were build almost a hundred years back are the only infrastructure available. Some so-called decolonised countries have not been able to add or even improve. They slid back in many aspects and require international assistance to renovate.

They also draw attention to lack of local accountability when they see the massive road building equipment used by aid agencies in recent years for re-building and restoration, parked or stranded in the rice paddy once the INGO project was finished.

They question local capability when they witness piles of un-used health center renovation materials like pipes and bricks stacked behind the very center they were claimed for.

They ask questions like; Who joined the colonial Powers? Who was part of the conversation and agreements?

They argue was it not the local decision makers and rulers?

The issues:

Decolonisation has also become a social movement in the universities across the world. The academia and researchers are talking extensively about Reflexivity and Positionality so that they can understand the “ILK; indigenous and local knowledge”, better. The intention is to do better, but there is an inherent danger. Using the same tools and methodologies we could end up with just ticking boxes on a checklist and completing more survey questionnaires without the luxury of knowledge translation, and we have done that for decades. Using the same approaches to gather data we may not find a way to decolonising policymaking. Believe me you, we have not even started to fathom what it means to decolonise policymaking.

Decolonizing aid has become a popular issue among the development practitioners and the academia but has been somewhat ignored and overlooked by policymakers.

Some Considerations:

We as creators of new knowledge for decolonising the colonial legacy must learn to understand and preserve the gains for the sake of the most vulnerable. The voices and needs of the most marginalised remain unmet to this day. The heightened need in the post-COVID era is drawing attention back to the very basics of global health approaches like childhood immunization, under 5 pneumonia control, pre-term birth prevention, care, and support for TB/HIV coinfecting and malaria resurgence. Who will speak for the most remote, the most marginalised and most vulnerable facing the same issues that their ancestors faced decades ago.

As we talk about decolonisation we must factor in the public good and community benefit. We must identify what needs to be examined and re-assessed. We must determine if the community most affected has a say.

Decolonising talks aim to rebalance the power between the donor and the receiver by investing in decentralisation so that funds can be channeled to the grassroots. Many of us bear witness to the participatory approach and decentralising initiatives in the health projects that were implemented in the early 80s and 90s. Global aid agencies and INGOs spent millions of dollars in the effort to disperse and share authority across a network of national offices and systems,

which brought minimal change. The national budget and strategy still fell short for the remote areas, the isolated point-of-care was still left without ample resources to save lives.

Decolonising initiatives like provision of financial assistance through local partners, local communities co-leading the projects and the “localisation” initiatives are still raising the question; what will happen when the local and international commitment ends.

My question is “Who will step up and shape the decolonised world”?

As we determine the answer, we need to be ready for:

- **The discomfort and disagreements, as we will unsettle power locally and globally**
- **Reflexivity In our actions, On our actions and for our actions**
- **Whose “know how” and experience is being merged**
- **A long haul: my dear readers, decolonisation is going to take a long pathway**

The author acknowledges with gratitude that the land she lives and works on is the original homelands of the Erie, Neutral, Huron-Wendat, Haudenosaunee and Mississaugas and commits to honoring and respecting the diverse indigenous peoples and learn to be a better steward of the land.

Dr. Zari Gill is a Global Health Professional and Social Entrepreneur with 25+ years of experience in 30 countries. She is passionate about futuristic thinking and personal innovation for global change.

“I help the young leaders who help the world. My message and stories for change and developing personal impact come from the people I meet, communities I serve and experiences I gain” says Dr. Zari Gill.

