



Introduction to Special Collection on Decolonizing Education in Global Health

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COLLECTION:
DECOLONIZING
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ABSTRACT

At the heart of the decolonization of global health process lies critical analysis of the interdependent matrices of power dynamics. As characterized by the articles presented in this Special Collection, deep reform of global health can take the form of shifts in leadership structures, priority setting processes, knowledge/cognitive paradigms, power dynamics, financial arrangements, curricular innovation, and policy changes in research, education, and practice.

The curation process of this Special Collection was designed to represent diverse geographies, scales, stakeholders, and themes within the decolonizing global health conversation. The unique perspectives of scholars representing the fields of pharmacy, physiotherapy, medicine, nursing, social work, law, public health, sociology, and bioethics are included in the collection. The premise of the Special Collection is the understanding that meaningful progress toward decolonization must come from within the institutions that built the field of global health in the first place, and doing so will require deep reflection on the role different disciplines – working both alone and collaboratively – can and should play to advance decolonization.

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reify the vertical and exclusionary practice of global health. Without critical introspection and acknowledgment of these dynamics, global health will continue to represent a legacy of its colonial past and justification.

At the heart of the decolonization of global health processes lies critical analysis of the interdependent matrices of power dynamics (i.e., intersectional analysis) [5], a recurrent theme within this Special Collection. As characterized by the articles presented here, deep reform of global health can take the form of shifts in leadership structures, priority setting processes, knowledge/cognitive paradigms, power dynamics, financial arrangements, curricular innovation, and policies changes in research, education, and practice.

We developed this Special Collection around the theme of decolonization broadly defined, emphasizing how coloniality and neo-colonial thought are woven through and still affect higher education. Through this collection, we have provided an opportunity for summit participants (faculty, researchers, practitioners, students, and administrators) to express their vision of what a decolonized global health field looks like. Our curation process of this Special Collection was designed to represent diverse geographies, scales, stakeholders, and themes within the decolonizing global health conversation. The unique perspectives of scholars representing the fields of pharmacy, physiotherapy, medicine, nursing, social work, law, public health, sociology, and bioethics are included in the collection. The premise of the Special Collection is the understanding that meaningful progress toward decolonization must come from within the institutions that built the field of global health in the first place and doing so will require deep reflection on the role different disciplines – working both alone and collaboratively – can and should play to advance decolonization.

The motivation for this special issue comes at a time when prevailing orthodoxies are being challenged in global health, as evidenced by the rise in the literature addressing global health and decolonization (Figure 2). However, many more spaces for discussion are still needed, especially those led by voices of the “majority world.”

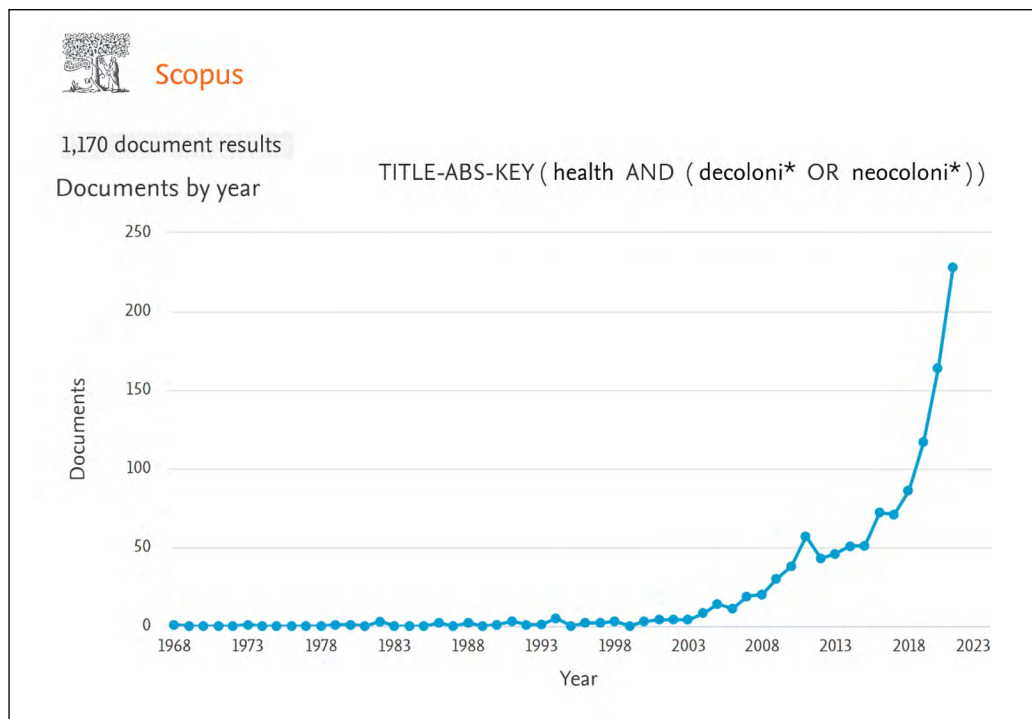


Figure 2 Publications per year on Decolonization and Health. The Scopus database was used to retrieve documents in peer-reviewed journals. Search strategy TITLE-ABS-KEY (health) AND TITLE-ABS-KEY(decoloni* OR neocoloni*).

Although each article is written from a distinct vantage point, with a different focus, and borrows from different experiences and voices, the editorial team discerned distinct themes threaded through the two volumes of this Special Collection. The first explores queries and approaches

that address the structural issues in decolonizing global health (i.e., high-level perspectives). The second brings perspectives and case studies of global health practitioners and their approaches in decolonizing global health (i.e., decolonization in practice).

We hope that the contributions in the two components of this Special Collection will ground through case studies, reflections, and concrete recommendations, the current conceptual debate around “what does decolonizing global health look like?” Although this special issue is not a comprehensive coverage of the challenges and disciplines that need to be included in the broad task of decolonizing global health (neither was that our intent), we hope the contributions in this special issue jointly advance the decolonization movement to reach our common goals.

Furthermore, we expect that the articles in this special edition help the reader navigate ongoing questions in the decolonizing global health movement, such as: What are the concrete ways that university leadership can move forward with decolonizing global health? How can global health educators reshape their curricula? How can different stakeholders create more equitable international partnerships that represent the values of liberal education? What role can learners play in the process of decolonizing global health and global health education? How can research agendas equitably represent the needs of stakeholders that historically have had less participation? What role do professional codes of ethics and legal and policy frameworks play in the decolonizing process?

To our knowledge, this is the first effort to bring together diverse perspectives on the process of decolonizing global health, primarily focused on education. Neither prescriptive nor definitive, the contributions here fill only a small portion of the existing gaps towards a decolonized global health field. We hope that more interdisciplinary research is motivated by this work and by future publication in this vein. Finally, we would like to thank the *Annals of Global Health* editorial team and the reviewers for their constructive criticisms. This Special Collection is undoubtedly more robust thanks to their contributions.

COMPETING INTERESTS

The authors have no competing interests to declare.

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