Code of Decolonial Practices Within KCGH



Kenniscentrum Global Health 01.01.2025

Disclaimer

This document was created by four students studying 'Global Project and Change Management' at the Windesheim Honours College in Zwolle, The Netherlands. As part of their 'Value Creator' semester, the team worked on the topic of decoloniality within Global Health (GH), specifically knowledge production and recognition. To foster more positive change within this complex issue, they created this 'Code of Decolonial Practices' (CDP) for and with their collaboration partner KCGH. Through networking during the semester, the team came into contact with experts in the field, such as intercultural coaches, founders of international NGOs, researchers, and activists. To build further connections and value, the team brought these experts together in a co-creation session on decoloniality within GH to begin to generate ideas and inspiration for the CDP. Efforts have been made to include a diverse range of voices and perspectives on decoloniality, but the team acknowledges that their knowledge, lived experiences, and understanding of this issue remain limited.

Furthermore, it is important to critically examine the use of the terms "Global North (GN)" and "Global South (GS)". While this paper employs these terms, it acknowledges the oversimplification of complex histories, cultures, and geopolitical realities. Still, they are used as they persist in global context, referring to former colonizing and former colonized nations. However, their use here is accompanied by a recognition of their limitations and a commitment to employing them with critical awareness of the complexities they fail to capture.

In this paper, the term "marginalized groups" refers to communities or populations that have been historically and systematically excluded, oppressed, or disadvantaged due to colonial legacies and power imbalances. These groups often face barriers to equitable participation, recognition, and access to resources, particularly in the context of GH. Examples include, but are not limited to, "Black, Indigenous, and people of colour (BIPOC), sex workers, migrants and refugees, women and girls, ethnic minorities, people with disabilities, and lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ) people" (Abimbola et al., 2021).

Moreover, as the concept of decoloniality is central to this paper, it is essential to clarify its distinction from the term decolonization. While decoloniality seeks to disrupt colonial power and knowledge systems, decolonization involves the broader process of undoing colonial impacts and restoring cultural identities, often through cultural, political, and intellectual means (Mahat et al., 2024). This CDP does not aim and cannot achieve decolonization, therefore, it refers to the concept of decoloniality, attempting to question colonial knowledge and eventually shifting these persisting knowledge systems.

Table of Contents

1. Introduction	4
1.1 Problem Statement	4
1.2 Code of Decolonial Practices Within KCGH	5
1.3 Definitions and Context	6
1.4 Values	7
2. Principles and Action Points	9
3. Limitations	14
4. Moving Forward	15
Acknowledgement	16
References	17

1. Introduction

1.1 Problem Statement

After European powers arrived in the Americas in the late 15th century, colonization began, later expanding into North America, Africa, and Asia, intensifying between the 17th and 19th centuries (Federal Ministry for Economic Cooperation and Development, 2023). According to Schaefer (2015), the term colonization refers to forcing economic and cultural control from one country to another.

The development of health and medicine was closely linked to colonial expansion, with 19th-century "tropical medicine" focusing on diseases affecting European colonists rather than Indigenous populations (London School of Hygiene and Tropical Medicine, 2022; Neill, 2012). This system reinforced racialized health hierarchies, viewing Indigenous people as 'disease carriers' rather than patients (Stilson, 2019). Health interventions served colonial economic and political interests, deepening inequalities (European Commission, 2021). After independence, many former colonies inherited weakened health systems, remaining dependent on former colonizers through aid and structural adjustment programs (Manton & Gorsky, 2018; Mushasha & Bcheraoui, 2023). The shift to Global Health in the 1970s and 1980s, driven by HIV/AIDS and NCDs, did not resolve underlying power imbalances in health funding, research, and decision-making (Brandt, 2013; Brown et al., 2005; United Nations, 2010).

While formal colonization has largely ended (except in some parts of the world, such as Palestine) a subsequent form of oppression has continued in its place. Neocolonialism refers to the indirect control or influence that nations exert deliberately over less wealthy and economically advanced countries through economic, political, cultural, military, social, educational, and mental forms of domination, rather than direct political domination as seen in traditional colonialism (Majhanovich, 2022; Vershinina et al., 2024; Watts, 2017)

There are several areas where colonial structures are still prominent as "neocolonialism" in the relationship between GN and GS today, manifesting through power imbalances in international institutions, financial dependency, unequal disease prioritization, and pharmaceutical inequalities. Therefore, coloniality is not merely an issue of the past, but significantly impacts the status quo of GH today, perpetuating deeply rooted inequalities (Abimbola & Pai, 2020).

Specifically in knowledge production and recognition, research and discourse are dominated by GN perspectives. GN institutions often control the funding for GH research, dictating the questions that are asked and shaping the narratives that are amplified. Similarly, academic journals—many of which are based in the GN—tend to prioritize certain types of research and methodologies while marginalizing others. This dynamic reinforces a cycle where GS perspectives remain undervalued and underrepresented (Naidu, 2021), even though individuals in the GS are those most significantly impacted by health disparities (Naidu & Ramani, 2023).

However, this complex issue often remains overlooked and GN knowledge continues to dominate the discourse. To address this issue, it is the responsibility of GN institutions and organizations within the field of GH to become aware of the upholding power position and consequently create awareness as well as act towards decoloniality. This entails shifting the

focus from merely acknowledging GN knowledge to actively promoting and amplifying GS voices, ensuring that their contributions are recognized rather than silenced.

Reimagining Global Health is imperative to achieve more equitable healthcare access and outcomes worldwide. Clear guidelines for GN institutions are necessary to dismantle these systemic inequities and to guide their behavior in actively promoting inclusive, diverse, and equitable approaches to GH research and practice.

1.2 Code of Decolonial Practices Within KCGH

This document titled "Code of Decolonial Practices Within KCGH", serves as a Code of Conduct specifically designed for the Knowledge Center Global Health (KCGH). While tailored to the needs of KCGH, it can also be adapted and applied to other GN-based organizations working in the field of GH.

This document is intended to act as a Code of Conduct, which is classically understood as a set of rules, responsibilities, practices, and expected ethical standards within an organization. Unlike a traditional Code of Conduct, this framework emphasizes tangible practices and behaviors specifically in the context of decoloniality and tailored to KCGH's work context. Its goal is to provide actionable steps for implementing decolonial practices and addressing colonial structures within GN-based organizations. Thereby, this document is intended to be a living document, to remain flexible and adaptable to the development of KCGH. For more details on this approach, see the section titled *Living Document*.

As a knowledge center based in the GN, the organization is in a power position, suggesting higher credibility of the Global Health knowledge they represent (Bhakuni & Abimbola, 2021). GS organizations, in comparison, get less acknowledged in their knowledge production and recognition due to power imbalances rooted in the legacies of colonialism and ongoing neocolonial dynamics.

<u>Purpose</u>

The purpose of this document is to give tangible and practical action-steps for the GN-based organization KCGH to reflect on their practices as well as their power position. It aims to provide KCGH with the tools to integrate decolonial approaches into their work, to eventually reduce existing power imbalances. By doing so, this work strives to shift knowledge production and recognition from a predominantly Western, Eurocentric based decision-making to more equal and just distribution of power and influence, thereby amplifying voices of the GS.

Vision

The vision is to catalyze positive change and more equal power distribution between GN and GS knowledge. This CDP aims to contribute to more awareness and reflection within GN organizations in this field, ultimately inspiring others to join the decoloniality movement.

Living Document

This Code of Decolonial Practices is a living document—a continuous work in progress aimed to remain relevant and impactful over time. It encourages reflection, learning, and long-term improvement to adapt to new insights, challenges, and opportunities as the organization evolves. Therefore, active engagement is required from the GH institutions and

their members, and to drive the meaningful and practical change it aims to bring, meaning it needs to be revised regularly.

1.3 Definitions and Context

To ensure a shared understanding among all members within the KCGH network, the following definitions provide context and clarify key concepts related to promoting equal and just knowledge production and recognition. These definitions are based on research from academic articles and were further constructed by experts who co-created this CDP.

Decoloniality

Decoloniality is a commitment to a praxis of undoing, unlearning, redoing, and relearning to create societies free from the remains of the colonial era in their culture, education and institutions. It seeks to challenge Eurocentric dominance, restore marginalized knowledge systems, and promote equity and justice by addressing the systemic inequalities rooted in colonial histories (Trembath, 2018; Pai, 2021).

This process is intrinsically linked to racial capitalism, as colonial systems have historically entwined racial hierarchies with economic exploitation, perpetuating global inequities. European knowledge, often constructed as universal, poses complications by marginalizing other epistemologies and erasing the diversity of ways of knowing. Decoloniality resists this imposition by fostering a pluriverse of perspectives that acknowledges the multiplicity of worldviews and knowledge systems.

It is important to note that the meaning of decoloniality differs across global contexts, reflecting individuals' backgrounds and lived experiences. It is not a monolithic concept but a dynamic and context-dependent framework. However, achieving decoloniality requires confronting the structural dynamics of coloniality—an entrenched system of power that sustains inequality. Therefore, decolonial praxis requires structural and intersectional approaches to dismantle these deeply embedded hierarchies. Only by engaging with diverse perspectives and committing to systemic transformation can decoloniality contribute to the ideal scenario of equitable and inclusive futures.

Epistemic Injustice

A form of cultural injustice that occurs when the concepts and categories by which individuals understand themselves and their world is replaced or adversely affected by the concepts and categories of the colonizers. This injustice occurs when a speaker's credibility is unjustly diminished due to biases, or when structural inequalities leave marginalized groups without the resources to make sense of their experiences. (Bhargava, 2013; Fricker, 2008).

Epistemic injustice is intricately connected to epistemic violence, a violent process that determines which voices and knowledge systems hold weight and legitimacy, often privileging Western perspectives on knowledge production. This injustice is further compounded by cultural knowledge appropriation, where dominant groups extract and reframe marginalized cultural knowledge, perpetuating cultural injustice and hierarchies of knowledge. These processes, deeply rooted in colonial histories, persist today, not only through colonial-era power structures but also within contemporary systems that maintain these hierarchies and marginalizations.

The ultimate goal of addressing epistemic injustice is to achieve epistemic justice—a state where diverse knowledge systems are equally valued, and individuals are recognized as credible knowers irrespective of their cultural, social, or economic background.

Knowledge

Knowledge refers to how information is created, shared, and used to improve health outcomes. It encompasses both scientific evidence and experiential or local knowledge (Abimbola et al., 2024).

Knowledge production is often characterized by a contrast between scientific research, which emphasizes empirical, evidence-based methods, and other ways of knowing that prioritize collective understanding, lived experiences, and contextual insights. While scientific knowledge is typically regarded as objective and universal, it often stems from a Western perspective and experiences, positioning Western knowledge systems as the norm. Furthermore, there are inherent hierarchies within knowledge systems based on factors such as race, age and gender. These hierarchies determine whose knowledge is valued and whose is ignored, perpetuating systemic inequalities.

1.4 Values

This section highlights the personal values that guide individual members of the organization, distinguishing them from the collective organizational principles that shape its overall actions and strategies. These personal values are fundamental to fostering the mindset and practices required for meaningful and transformative action. In the context of decolonial efforts, they play a particularly vital role by encouraging the dismantling of oppressive structures, cultivating equitable relationships, and creating inclusive spaces that honor diverse perspectives and lived experiences.

The values outlined below—self-awareness, humility, compassion, courage, and inclusive mindset and intercultural competence—are drawn from the Inner Development Goals framework (Inner Development Goals, n.d.). Each value is accompanied by a definition, a description of what it means in practice, and a reflective question designed to guide daily behavior and decision-making.

Self-Awareness

"Ability to be in reflective contact with own thoughts, feelings and desires; having a realistic self-image and ability to regulate oneself." (Inner Development Goals, n.d.)

In practice, this means taking time to reflect on how your personal values, beliefs, and cultural background influence your professional behavior, particularly in relation to power dynamics, biases, and assumptions.

How do my biases, assumptions, or privileges influence the way I engage with others, and what can I do to mitigate their impact?

<u>Humility</u>

"Being able to act in accordance with the needs of the situation without concern for one's own importance." (Inner Development Goals, n.d.)

In practice, it entails being humble while engaging with decoloniality, recognizing the privilege one holds, and acknowledging that progress requires stepping back to listen, learn, and support marginalized voices rather than imposing one's own perspectives or solutions. Are there moments when I prioritize my own prejudices or assumptions, rather than listening to those who directly experience the downsides of colonial structures and dynamics?

Compassion

"Ability to relate to others, oneself and nature with kindness, empathy and compassion and address related suffering". (Inner Development Goals, n.d.)

In practice, this means to create safe spaces for colleagues and community members to share their experiences and struggles, and to show patience and understanding in difficult conversations.

What steps can I take to cultivate a safe and supportive space for those around me, and why would this be in my interest?

Courage

"Ability to stand up for values, make decisions, take decisive action and, if need be, challenge and disrupt existing structures and views." (Inner Development Goals, n.d.)

In practice, it means to take initiative to address systemic challenges within the organization and support others in doing the same.

What motivates me to address inequities, even uncomfortable or challenging?

Inclusive Mindset and Intercultural Competence

"Willingness and competence to embrace diversity and include people and collectives with different views and backgrounds." (Inner Development Goals, n.d.)

In practice, this refers to acknowledging how different cultures and backgrounds shape behaviors and perspectives. It entails making a conscious effort to respect and integrate these differences into decision-making processes, communication, and interactions.

Acknowledging that own perspectives are purely based and influenced by personal and cultural background, do I recognize and challenge the unconscious tendency to prioritize my own cultural perspective over others, and how can I foster this?

2. Principles and Action Points

KCGH is fully committed to taking intentional, action-oriented steps to transform its decolonial principles into tangible outcomes. The following principles and action points serve as a practical guide to drive meaningful change within KCGH and across the broader network of NVTG and OIGT. Reflective questions are included to deepen understanding and support sustained, impactful transformation. These questions are designed to be integrated into daily work practices, whether in team meetings, hiring processes, organizing events, preparing reports, or other activities. Their purpose is to guide decision-making and encourage ongoing reflection on behaviors, helping to align the guiding principles with meaningful actions. As previously mentioned, these ideas are the result of the held discussions with experts as well as the conducted co-creation session.

Guiding Principles on Action Points and Reflective Questions	
Decoloniality	Action 1 cinto and itemporary quotions
Continuous Learning and Reflexivity	 Encourage deep listening and compassion in organizational practice to foster understanding of colonial legacies and their ongoing impacts. This could include for instance: Establishing protocols that prioritize listening to over immediate solutions, ensuring that all voices, particularly those from marginalized groups, are heard, respected, and valued in discussions. Train leaders to actively listen and demonstrate humility when engaging in decolonial work, showing readiness to learn and adapt based on feedback. Establishing story circles as safe spaces for employees to share personal experiences, struggles, and challenges in addressing racism and colonial structures, fostering mutual understanding and solidarity.
	How can we create spaces where all voices, particularly those from marginalized communities, are valued, recognized, and amplified? What mechanisms can we implement to hold ourselves accountable for practicing deep listening and empathy? Ongoing education among employees is needed to identify and understand colonial practices and to build awareness of how colonial practices have shaped organizational practices. This could include for instance: - Developing a resource library/ knowledge database with books, articles, podcasts, and videos on colonialism and how it influenced the sphere of Global Health and continues to do so. - Creating a mandatory E-Learning session on decolonial work that is mandatory for all employees to take part in. - Giving space and time for development of employees through funding of workshops, webinars and other external resources for education on decoloniality.

How well do we understand the ways colonial practices continue to shape global health systems and our organization's structures?

How can we engage in ongoing education and better utilize available resources to build our awareness and contribute to decolonial transformation in our work?

Implementing cultural competency and anti-racism training across the organization to raise awareness, challenge biases and promote an inclusive and equitable workplace. This training is mandatory, regularly updated and facilitated by experts in decolonial practices.

Who are the experts we can collaborate with to ensure the training is effective and aligned with decolonial principles? How do we ensure that this training is not a one-time event but part of an ongoing commitment to learning and growth, integrating the lessons from the training into daily practices and decisions?

Encouraging ongoing reflection on one's own power, privilege, and potential biases within systemic structures in order to identify and mitigate oppressive behaviours before engaging in discussions, thus promoting more meaningful and equitable dialogues.

How can we incorporate regular self-reflection practices into team meetings or organizational workflows? How do power imbalances affect the dynamics of my conversations, and what steps can I take to reduce these imbalances?

Promote reflexivity in language use by regularly reviewing and updating communications to eliminate generalizing, pathologizing, dehumanizing, objectifying, or minimizing language (e.g. victim, beneficiary, capacity building). Encourage inclusive, respectful, and precise language that aligns with decolonial values.

What implicit biases or colonial perspectives might be embedded in the language we currently use in our communications?

Are there words, phrases, or narratives in our materials that could generalize, dehumanize, or marginalize certain groups?

Participatory and Inclusive Decision-Making

Establishing an accessible feedback platform where employees, partners, and community members can provide input on the Code of Decolonial Practices, ensuring it remains relevant, inclusive, and responsive to all stakeholders.

How can we ensure the CDP remains relevant, inclusive, and responsive to the needs of all stakeholders, and how can we effectively incorporate diverse perspectives into its ongoing development?

Are we providing enough space for others to co-create and share their thoughts on the CDP, and how can we reach underrepresented voices to gather their input and perspectives?

Challenging traditional organizational hierarchies by introducing leadership rotation to prevent power consolidation, encourage diverse perspectives, and ensure equitable decision-making. This could involve setting defined term limits for leadership roles, and fostering collaborative leadership models where power and responsibilities are shared across a team.

Are our leadership roles reflective of the diverse perspectives within our organization and the communities we serve?

What steps can we take to challenge hierarchies and ensure leadership roles are rotated effectively?

Accountability and Transparency

Conduct periodic participatory audits and anonymous surveys involving employees, partners, and community stakeholders to identify blind spots, inequities, and opportunities for improvement, including experiences with racism and colonial structures.

Are our surveys and audits accessible to all participants, considering language barriers, digital access, and cultural sensitivities?

What steps can we take to build trust and ensure that participants feel safe and supported in sharing honest feedback?

Are we prepared to acknowledge and act on findings that reveal uncomfortable truths about the organization's practices?

What structures can we establish to ensure that feedback is not only heard but also leads to meaningful and measurable change?

Establishing a confidential, easily accessible whistleblower mechanism for reporting colonial and racialized behaviors, practices, or inequities within the organization. The organization ensures protection against retaliation and a clear process for addressing reported issues.

How can we create a trustworthy and accessible system for individuals to report issues, and how can we ensure that reported issues are addressed in a transparent and accountable manner?

Publishing regular, detailed reports on project budgets and resource allocations to ensure communities and stakeholders are fully informed of how funds are distributed and utilized.

How can we improve transparency in our resource allocation, ensuring that our communities and stakeholders are fully informed and involved in decision-making?

Openly sharing progress on decolonial initiatives, including successes and areas where goals have not been met to improve. This could include developing publicly accessible dashboards to track and communicate the organization's progress in implementing decolonial practices, making data on key metrics available to all stakeholders.

How can we ensure transparent communication of both successes and challenges in our decolonial initiatives to all stakeholders?

How can we ensure that sharing progress translates into concrete actions and measurable improvements in our decolonial initiatives?

Dismantling Hierarchies and Power Redistribution

Promoting diversity and inclusivity within the organization is essential to dismantling systemic inequalities and addressing power imbalances. By prioritizing representation and critical perspectives, the organization can foster innovative solutions, challenge entrenched hierarchies, and ensure decisions reflect the needs and insights of those most affected.

This could include for instance:

- Actively recruit individuals from diverse cultural, geographic, and professional backgrounds, prioritizing candidates who bring critical perspectives that challenge existing power dynamics.
- Ensure hiring practices are open, transparent, and free from biases, with clear criteria for evaluating candidates to support equitable opportunities.

How are we actively ensuring that our recruitment processes prioritize candidates from diverse cultural, geographic, and professional backgrounds? Are we challenging existing power dynamics in our hiring decisions?

Are our evaluation criteria equitable and designed to support diverse candidates fairly?

Actively include research and insights from historically oppressed and marginalized groups and non-Western knowledge systems, recognizing their validity and contributions to global health innovation.

This could include for instance:

- Ensuring that the learning sessions and courses include modules on decolonial health practices, perspectives from marginalized communities, and non-Western knowledge systems.
- Prioritize films, speakers, and research that highlight the voices and experiences of marginalized communities during film festivals and symposiums, and other events.
- Strengthen partnerships with organizations or experts from marginalized communities to co-create content for events.

How can we intentionally include more research and insights from marginalized groups and non-Western knowledge systems in our research, learning sessions, events, and collaborations?

Are we actively partnering with organizations, experts, and community leaders from marginalized groups to co-create content and events?

How do we ensure these partnerships are equitable and mutually beneficial, rather than extractive?

Ensure that all content created or facilitated by KCGH — including events, external speakers, e-learnings, and other outputs—adheres to decolonial principles.

This could include for instance:

- Select images that portray individuals and communities with dignity, agency, and authenticity. Avoid visuals that perpetuate stereotypes or exploitative depictions. For example, highlight collaborative efforts and community-driven leadership in global health initiatives rather than reinforcing narratives of dependence or deficit.
- Avoid stock photos or videos that perpetuate colonial stereotypes. Instead, collaborate with local photographers or documentarians who understand and respect the cultural and social nuances of the communities being depicted.
- Require external collaborators, consultants, speakers, and partners within the triangle to align with KCGH's decolonial values. This includes providing them with training or resources to understand and adopt these principles.
- Reflexivity of language use and active inclusion of non-Western knowledge mentioned above.

How can we ensure that the visuals we select avoid stereotypes or saviorist narratives? Are external speakers, consultants, and collaborators aligned with KCGH's decolonial principles?

Embracing Complexity and Change

Overall, it is important to recognize that flexible structures are needed that allow for the unpredictable and non-linear nature of decolonial work, recognizing that transformation often involves discomfort and uncertainty.

This could include for instance:

- Emphasizing the importance of patience and longterm commitment, understanding that meaningful change in decolonial practices requires sustained effort over time.
- Fostering a culture of questioning assumptions, existing structures, and practices, while encouraging all members to embrace discomfort as a pathway to growth and deeper understanding.

How do we navigate the discomfort that comes with confronting colonial legacies, and how can we use this discomfort to grow?

3. Limitations

While this document provides practical guidance, it is important to acknowledge its limitations to ensure a realistic understanding of the scope and potential impact of the Code of Decolonial Practices.

The development of this document was constrained by a limited timeframe, which affected the ability to fully assemble and analyze the gathered material and sources on the topic. This limitation also restricted the team's capacity to address potential gaps in understanding, perspectives, and education to deepen the topic. As part of this, the team's limited knowledge and ability to fully explore the nuances of decoloniality may have prevented the CDP from fully capturing this complex concept.

Additionally, indicators are helpful to track the progress of the organization in implementing decolonial practices. However, their absence in this document may represent a limitation.

As decoloniality is inherently a long-term, ongoing process, often lacking concrete metrics or milestones, there is a risk that efforts may remain superficial without sustained, strategic focus over time.

Finally, decoloniality within an organization also requires a thorough revision of all funding mechanisms to ensure alignment with decolonial principles. For example, this includes examining whether financial resources are equitably distributed to marginalized communities and whether funding criteria inadvertently favor Western standards or priorities over local and Indigenous perspectives. It also involves assessing if affected communities have meaningful decision-making power over how funds are allocated, such as through participatory budgeting models. This document does not delve into these aspects, as the team lacked specific insights into the organization's financial resources to address the issue comprehensively.

4. Moving Forward

This Code of Decolonial Practices is a commitment to ongoing reflection, dedication, and accountability to decoloniality in Global Health. While the document provides a framework for action, its success depends entirely on the active involvement of individuals within the organization of KCGH and the rest of the triangle. Moving forward, collaboration within the triangle of KCGH, NVTG and OIGT is necessary to advance efforts in decoloniality. In addition, this document needs to be regularly updated according to current needs, new knowledge, and social and organizational changes.

The tools provided aim not only to raise awareness, but more importantly, to drive concrete, measurable change, ensuring that decolonial practices are embedded in the culture and daily operations of the organization. Through collective effort and commitment, KCGH has the responsibility to make knowledge production and recognition more equitable.

Acknowledgement

We, Amanda Onofri, Isa van Loenen, Julia Friedel, and Tamara Heck, would like to thank everyone who has participated in the development of this Code of Decolonial Practices Within KCGH. Especially for the lessons, knowledge, and enthusiasm shared, further sparking interest and motivation around this topic, leading to this final document. Furthermore, we thank KCGH for the possibility of collaboration and possibly enabling positive change within organizations of the Global North working in Global Health. Without each one of you, this product would not be the same and we appreciate every single contribution.

References

- Abimbola, S., Asthana, S., Cortes, C. M., Guinto, R. R., Jumbam, D. T., Louskieter, L., Kabubei, K. M., Munshi, S., Muraya, K., Okumu, F., Saha, S., Saluja, D., & Pai, M. (2021). Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLOS Medicine*, *18*(4), 1–12. https://doi.org/10.1371/journal.pmed.1003604
- Abimbola, S., & Pai, M. (2020). Will global health survive its decolonisation?. *The Lancet*, 396(10263), 1627-1628. https://doi.org/10.1016/S0140-6736(20)32417-X
- Abimbola, S., van de Kamp, J., Lariat, J., Rathod, L., Klipstein-Grobusch, K., van der Graaf, R., & Bhakuni, H. (2024). Unfair knowledge practices in global health: a realist synthesis. *Health Policy and Planning*, *39*(6). https://doi.org/10.1093/heapol/czae030
- Bhargava, R. (2013). Overcoming the Epistemic Injustice of Colonialism. *Global Policy*, *4*(4), 413–417. Wiley. https://doi.org/10.1111/1758-5899.12093
- Bhakuni, H., & Abimbola, S. (2021). Epistemic injustice in academic global health. *The Lancet Global Health*, 9(10), e1465-e1470. https://doi.org/10.1016/S2214-109X(21)00301-6
- Brandt, A. M. (2013). How AIDS invented global health. *New England Journal of Medicine*, 368(23), 2149–2152. https://doi.org/10.1056/nejmp1305297
- Brown, T. M., Cueto, M., & Fee, E. (2005). The World Health Organization and the transition from "international" to "global" public health. *American Journal of Public Health*, 96(1), 62–72. https://doi.org/10.2105/ajph.2004.050831
- European Commission. (2021, January 1). *Isolation and segregation landscape.*Archaeology of quarantine in the Indian Ocean World. Cordis EU Research Results. https://doi.org/10.3030/897004
- Federal Ministry for Economic Cooperation and Development. (2023, July 7). Colonialism and addressing the past. https://www.bmz.de/en/issues/postcolonialism/historical-background-174386#:~:text=The%20era%20of%20colonialism%20began,military%20bases%20outside%20of%20Europe
- Fricker, M. (2008). Forum: Miranda Fricker's epistemic injustice. Power and the ethics of knowing. *Theoria. An International Journal for Theory, History and Foundations of Science*, 23(1), 69–71. https://doi.org/10.1387/theoria.7
- Inner Development Goals. (n.d.). *Transformational Skills for Sustainable Development*. https://innerdevelopmentgoals.org
- London School of Hygiene and Tropical Medicine. (2022, August 11). Historical study of LSHTM from its origins to 1960 details extent of colonial roots. London School of Hygiene and Tropical Medicine.

 https://www.lshtm.ac.uk/newsevents/news/2022/historical-study-lshtm-its-origins-1960-details-extent-colonial-roots
- Mahat, D., Karki, T. B., Neupane, D., Shrestha, D. K., & Shrestha, S. (2024). Decolonization in focus: A bibliometric analysis of scientific articles from 2010 to 2023. *Nepal Journal of Multidisciplinary Research*, 7(1), 1-21.
- Majhanovich, S. (2022). Issues: neocolonialism and global languages. *International Encyclopedia of Education (Fourth Edition)*, 682–690. https://doi.org/10.1016/b978-0-12-818630-5.01020-4

- Manton, J., & Gorsky, M. (2018). Health planning in 1960s Africa: International health organisations and the post-colonial state. *Medical History, 62*(4), 425–448. https://doi.org/10.1017/mdh.2018.41
- Mushasha, R., & Bcheraoui, C. E. (2023). Comparative effectiveness of financing models in development assistance for health and the role of results-based funding approaches: A scoping review. *Globalization and Health, 19*(1). https://doi.org/10.1186/s12992-023-00942-9
- Naidu, T. (2021). Says who? Northern ventriloquism, or epistemic disobedience in global health scholarship. *The Lancet Global Health*, 9(9), e1332–e1335. https://doi.org/10.1016/s2214-109x(21)00198-4
- Naidu, T., & Ramani, S. (2023). Transforming global health professions education for sustainability. *Medical Education*, *58*(1), 129-135. https://doi.org/10.1111/medu.15149
- Neill, D. J. (2012). Networks in tropical medicine: Internationalism, colonialism, and the rise of a medical specialty, 1890–1930. *Stanford University Press*. https://doi.org/10.2307/j.ctvqsf0bd
- Pai, M. (2021, July 22). Decolonizing global health: A moment to reflect on a movement. Forbes. https://www.forbes.com/sites/madhukarpai/2021/07/22/decolonizing-global-health-a-moment-to-reflect-on-a-movement/
- Schaefer, R. T. (2015). Minorities. *International Encyclopedia of the Social & Behavioral Sciences*, 569–574. https://doi.org/10.1016/b978-0-08-097086-8.32091-8
- Stilson, B. (2019). A failure to care: Colonial power and healthcare in Africa, 1850-1939. *The Undergraduate Historical Journal at UC Merced*, *6*(1). https://doi.org/10.5070/h361046187
- Trembath, S. (2018). Subject Guides: Antiracist Praxis: Decoloniality. American University Washington DC. https://subjectguides.library.american.edu/c.php?g=1025915&p=7715527
- United Nations. (2010, July 28). Global health: Then and now. https://www.un.org/en/chronicle/article/global-health-then-and-now?
- Vershinina, I., Liadova, A., Martynenko, T., & Grigoreva, E. (2024). Contemporary discourse on neocolonialism: An analytical review of research. *Vestnik Instituta Sotziologii*, *15*(3), 233–256. https://doi.org/10.19181/vis.2024.15.3.13
- Watts, M. J. (2017). Colonialism, decolonization, and neocolonialism. *International Encyclopedia of Geography*, 1–9. https://doi.org/10.1002/9781118786352.wbieg0692