Decolonizing Global Health Education

Understanding, Reflection, and Action

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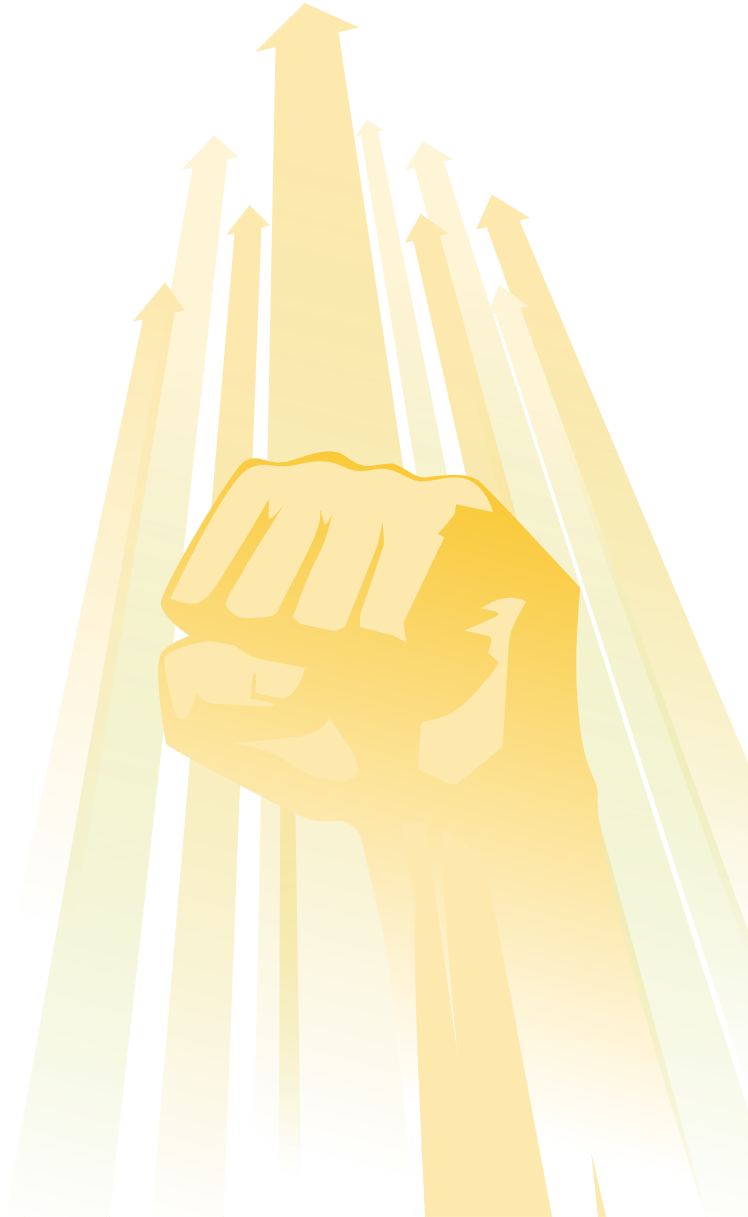
CONTENT

A process aiming to dismantle colonial legacies in global health education and practices.

Challenges unequal power dynamics and Western dominance in knowledge production.

Promotes epistemic justice and equitable global health cooperation.

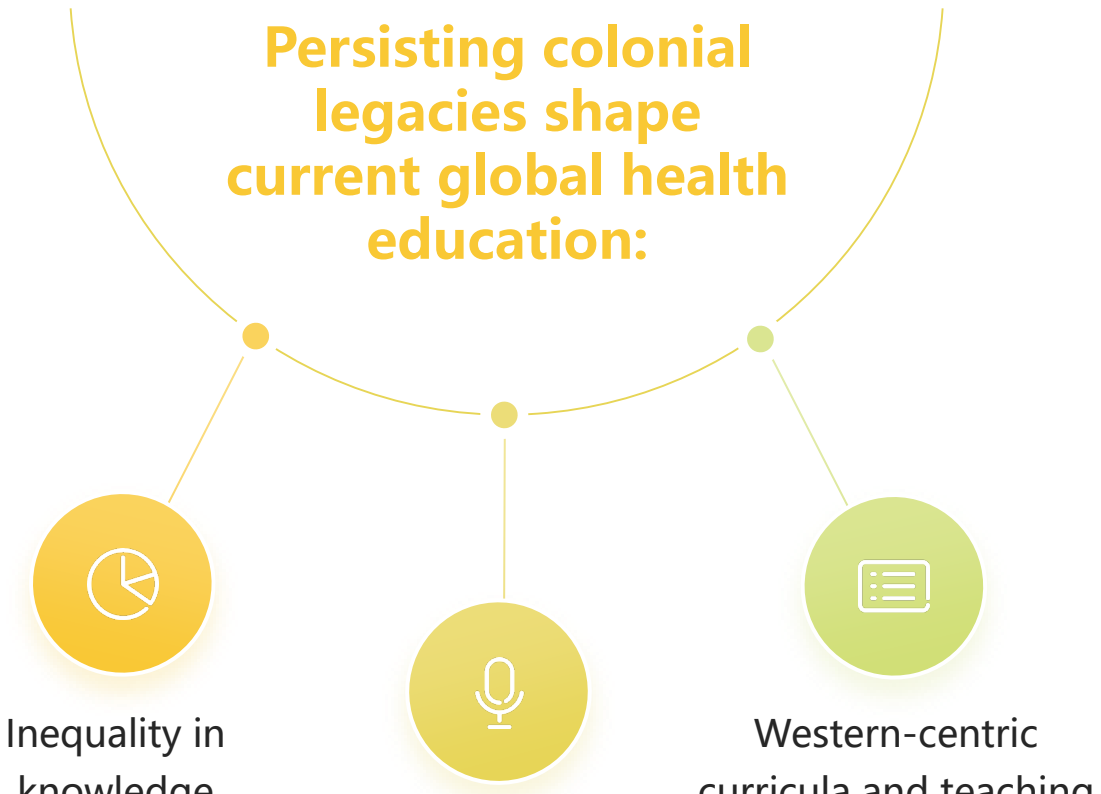


1. Modern global health evolved from colonial-era medicine, notably "tropical medicine."

2. Medicine was historically utilized as a tool for colonial control, protecting colonial interests rather than local populations.

3. Western institutions established hierarchical structures that marginalized indigenous health knowledge and practices.

Persisting colonial legacies shape current global health education:



Inequality in knowledge production

Unequal international partnerships

Western-centric curricula and teaching methodologies

Global North institutions dominate knowledge production.

01

Majority of global health research and authorship are from high-income countries.

02

Local scholars and communities in the Global South are frequently marginalized or excluded from meaningful involvement.

03

Traditional global health cooperation often involves "parachute" or "helicopter" research practices.

01

Researchers from high-income countries collect data from low-income settings without equitable collaboration.

02

Local institutions often lack decision-making power and benefits from the research.

03

Global health education predominantly features Western examples and perspectives.

01

Local, traditional, and indigenous knowledge systems are largely ignored or undervalued.

02

This reduces the applicability of education and alienates local students and communities.

03

01 Curriculum reform towards inclusivity and diversity

02 Establishing equitable global partnerships

03 Integrating local and indigenous knowledge systems

04 Promoting critical reflection among students and educators

Include colonial history in global health curricula

Promote diversity by featuring Global South scholars and perspectives

Example: Canadian medical schools integrate indigenous health content to highlight local and traditional knowledge systems.

Promote fair and equal international collaborations

Use ethical frameworks such as "Fair Trade Learning" principles

Example: AMPATH project (Kenya-North America) emphasizing mutual learning and equitable resource distribution

Recognize and integrate traditional health practices and local community knowledge into education

Example: Brazil's Community Health Workers program (Agentes Comunitários de Saúde), leveraging local community wisdom alongside modern medicine.

Foster transformative learning, encouraging students to question assumptions and biases

Methods include reflective journals, dialogue groups, cross-cultural exchanges, and mentorship programs

Aim: To cultivate cultural humility and critical consciousness among students and educators.

Practical approaches from countries actively pursuing decolonization:

Case Study – Kenya (AMPATH Project)

Moi University in Kenya partners equally with North American institutions through AMPATH (Academic Model Providing Access to Healthcare)

Emphasis on two-way student and faculty exchanges, joint curriculum development, and shared governance.

Results: Enhanced local healthcare capacity, mutual cultural understanding, and a sustainable partnership model.

ampath KENYA

ampathkenya.org

Our mission

AMPATH improves the health of people in underserved communities by working in partnership with academic health centers, ministries of health and others to build public sector health systems and promote well-being. Guided by the principle of leading with care, we:

- Deliver and sustain effective healthcare services
- Reduce health disparities and address social determinants of health
- Develop and strengthen human capacity through training and education
- Advance research that improves health
- Strengthen partner institutions

Who we are

MOI TEACHING AND REFERRAL HOSPITAL
Moi Teaching and Referral Hospital (MTRH) serves a population of approximately 24 million people and is the setting where students and residents get practical, hands-on experience. MTRH has a bed capacity of 1,063 patients, an average number of 1,200 patients at any time and about 1,500 outpatients per day.

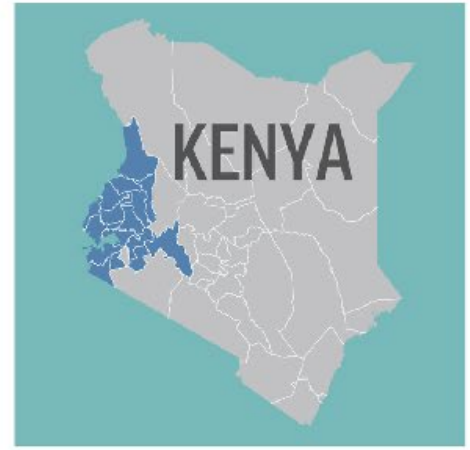
INDIANA UNIVERSITY
Indiana University (IU) was founded in 1820 and has an enrollment of more than 71,000 undergraduate and 19,000 graduate students. Four IU School of Medicine physicians initiated the partnership in Kenya in 1989.

AMPATH CONSORTIUM
The AMPATH Consortium is a global network of 16 universities and academic health centers led by Indiana University. The Consortium aims to foster long-term, equitable partnerships with academic health centers and universities. AMPATH Consortium partner institutions support care, training and research based on their areas of expertise, the needs of each AMPATH host community and their capacity.

MOI UNIVERSITY
Moi University (MU) in Eldoret was established in 1984 as Kenya's second public university. MU's College of Health Sciences includes robust Schools of Medicine, Nursing, Public Health and Dentistry. Students receive training in curative and preventative health, both through hospital-based medicine and in community-oriented approaches.

Who we serve

AMPATH Kenya partners provide care to the western half of Kenya and neighboring countries with a population of more than 24 million people.



HEALTH PRIORITIES

- HIV, TB, malaria and other infectious diseases
- Non-communicable diseases including cancer, diabetes, hypertension, cardiovascular and renal disease and mental health
- Maternal, Newborn and Child Health

POPULATION ASSETS

- Strong communities
- Focus on the family
- Leadership commitment to health and Universal Health Coverage

Key priorities

CARE

- Operating one of Africa's largest and most successful HIV prevention and care programs with support from USAID through PEPFAR. Currently more than 110,000 people living with HIV receive care within AMPATH supported Ministry of Health clinics.
- Integrating non-communicable disease (NCD) care into facility and community-based care programs
- Advancing the development of high-quality specialty/referral services at MTRH and County Referral Hospitals

EDUCATION

- Building specialty and sub-specialty capacity through expanded MMed and fellowship programs
- Establishing and supporting a network of tele-education hubs through the Project ECHO partnership for remote training, education and case management.
- Training trusted and competent community health workers to provide essential outreach, information, referrals, advocacy and other support to promote health
- Supporting a bidirectional educational exchange

RESEARCH

- Strengthen development of a well-resourced and sustainable infrastructure for research that enables the efficient conduct of high-quality research
- Increase the number of successful independent investigators working in collaborative, interdisciplinary research teams by providing better access to high-quality training and mentorship
- Enhance supportive, research-intensive cultures within the schools and departments of all AMPATH partners
- Accelerate growth in relevant, high-yield research initiatives that will improve policy and strengthen health systems and communities

12/2024

AMPATH is the Academic Model Providing Access to Healthcare

Public Health Foundation of India (PHFI) established Indian Institutes of Public Health (IIPH).

01

Focus on local health priorities, independent curricula, and indigenous health challenges.

02

Achievements: Increased local research output, reduced dependency on foreign health education resources.

03

PUBLIC HEALTH FOUNDATION OF INDIA

Public Health Foundation of India

PHD House, Second floor,
4/2, Sirifort Institutional Area,
August Kranti Marg,
New Delhi - 110016, India

Phone - + 91-11-46046000

E Mail - contact@phfi.org

Indian Institute of Public Health, Bhubaneswar

Indian Institute of Public Health, Bhubaneswar is one of the four institutes set up by PHFI as part of its charter to build public health capacity in India. The IIPH, Bhubaneswar, commenced its academic activities from August, 2010. A key objective of the Institute has been to implement the vision of the PHFI by linking public health advocacy, teaching, research and policy development. The Post Graduate Diploma course in Public Health Management has started from 2nd August 2010. Government doctors from Orissa and Chhattisgarh and some self-sponsored candidates are participating in this course. In addition to this, various short term training programmes, workshops and research activities are being taken up by the institute.

Team at IIPH, Bhubaneswar

Prof. Sanjay Zodpey, Acting Director
Dr. G Rama Das, Advisor and Emissary
Dr. Sanghamitra Pati, Associate Professor
Dr. Shridhar Kadam, Assistant Professor
Dr. Bhuputra Panda, Senior Lecturer
Dr. Akthar Hussain, Senior Lecturer
Mr. Pranabandhu Das, Program Officer
Mr. Anshuman Tripathy, Finance cum Admin Officer
Ms. Sonalina Jena, Office Executive

INDIAN INSTITUTE OF PUBLIC HEALTH, BHUBANESWAR
2ND & 3RD FLOOR, JSS SOFTWARE TECHNOLOGY PARK,
E1/1, INFOCITY ROAD, PATIA,
BHUBANESWAR - 751024

INDIAN INSTITUTES OF PUBLIC HEALTH

IIPH, Hyderabad

IIPH, Gandhinagar

IIPH, Delhi

IIPH, Bhubaneswar

Centre of Excellence : SANCD

Centre of Excellence : CARRS

MEDIA CENTRE
FUTURE FACULTY PROGRAMME
HEALTHY-INDIA.ORG

Canadian medical schools integrated indigenous health education following the Truth and Reconciliation Commission's recommendations.

Courses highlight historical injustices, cultural safety, and traditional healing practices.

Results: Improved cultural competence among healthcare professionals and better community healthcare outcomes.

1. Brazil's Unified Health System (SUS) emphasizes primary care, community participation, and preventive medicine.

2. Actively engages in South-South cooperation, providing technical assistance and shared learning with other developing countries.

3. SUS model demonstrates how autonomous health systems can successfully challenge traditional Western-led approaches.

Enhances global health equity by addressing structural inequalities

Promotes sustainable international partnerships based on mutual respect and learning

Empowers marginalized communities and values diverse knowledge systems, improving overall global health outcomes.

01 Decolonization is an ongoing, reflective process requiring collective and continuous efforts.

02 Calls for genuine respect and active inclusion of historically marginalized voices in shaping global health education and practices.

03 Ultimately aims to foster a more just, inclusive, and effective global health community.

Thank you

Q&A?