Decolonising global primary healthcare: developing a framework to implement theory into practice

'The politics of decolonization is not the same as the act of decolonizing'
(Rodriguez, 2018:11)

SUPERVISORY TEAM

- Lead supervisor: **Professor Lisa Dikomitis**, School of Medicine, Keele University
- Second supervisor: **Professor Christian Mallen**, School of Medicine, Keele University
- Associate supervisor: **Dr Kay Polidano**, School of Medicine, Keele University
- Associate supervisor: **Dr Brianne Wenning**, School of Medicine, Keele University

PROJECT OUTLINE

BACKGROUND

The decolonising agenda seeks to redress the dominant western power structures in global health. Such hierarchal power structures are reflected in both global health research activities, processes established by funders and in global health knowledge production. A decolonial approach will amplify, privilege and robustly embed previously neglected knowledge platforms. This includes knowledge generated by local communities, by LMIC researchers and by LMIC health policy makers. The intention and support for decolonised global health is abundantly present in UK academic institutions. However, there is little concrete application, and currently no frameworks, of how to apply the largely theoretical commitment to decolonise primary healthcare into everyday routine research, policy and clinical practice.

Global health, and in particularly global primary care, is critically placed to respond to the decolonising agenda. Many global health organisations and academic institutions are cognisant of the potential to redress colonialist ways of working. It is for this reason that some small steps are being taken, such as championing the inclusion of community engagement and involvement strategies in research projects. Alongside these calls, researchers – particularly those from social science backgrounds – are increasingly including decolonised methodologies as their means of engaging with study participants in global health research (e.g., Zavala 2013; Barnes 2018; Keikelame and Swartz 2019).

Despite such efforts to use decolonial methodologies in research, evidence shows that power asymmetries exist throughout the global health sector. Rather than taking a decolonial approach to working relationships, many institutions and research projects employ a superficial decolonisation, often in the form of tokenism. Smith (2013) describes this as Global Health 3.0, signifying researchers from rich countries who lead research programmes in poor countries. Rather than progressing to a decolonised Global Health 4.0, it still remains that, in general, the research agenda, funding, knowledge and expertise, and published outputs are based in and driven by those in the HIC.

PROJECT AIM

To develop an implementation framework to embed decolonial theory into global primary health research and primary healthcare practice

RESEARCH QUESTIONS *(OBJECTIVES IN ITALICS)*

This doctoral research will explore how such currently largely theoretical decolonial discourses can be operationalised in global primary care health research and primary care practice. To this end, the PhD student will explore the perspectives of primary care stakeholders: researchers, primary healthcare professionals, policymakers, funders and global health leaders, based in LMICs and HICs.

1. What are the main decolonising discourses produced by national and international global health organisations and academic institutions?
   O1: To produce an evidence synthesis, based on a documentary analysis of relevant literature
2. What are stakeholders' experiences, understandings and perspectives of decolonising practices in global primary healthcare?
   O2: To contribute to the evidence base with qualitative data around decolonial approaches in global primary health care
3. What are the barriers and facilitators in implementing a decolonised approach in global health research and education of the next generation of global primary healthcare stakeholders?
   O3: To produce a framework and toolkit, based on research findings and consensus around best practice to implement a decolonised approach in global primary healthcare practice

METHODS

The PhD student will use a range of qualitative research methods to meet the project objectives:

1. ***Document analysis*** – A scoping search of relevant literature will identify key documents (academic articles, international guidelines, reports, policy statements) published by global health organisations and institutions. A discourse analysis will be applied to the data set, deconstructing the language used and their underpinning assumptions, followed by critical reflection on how these discourses shape research and work practice

2. ***Interview study*** – Semi-structured interviews will be conducted with various stakeholders in the global primary healthcare sector, including (but not limited to): academics, primary healthcare professionals, policymakers, funder representatives and global health leaders in LMICs and HICs. Interviews can be conducted either online or face-to-face (depending on participants' preference and geographical location). It is estimated that approximately 20 interviews will be required for data saturation (Malterud et al 2015).

3. ***Consensus workshop*** – PAG members will participate in a consensus workshop. The PhD student will present the findings and via a stepped 'groupthink' processes, the key components and priorities for best practice framework will be identified.

Data will be collected and analysed concurrently. An appropriate analytic framework (e.g., discourse analysis, thematic analysis etc.) will be selected and applied for each data set. Data analysis will be informed by relevant theories of decoloniality (e.g., de Sousa Santos, 2010; Mignolo and Escobar, 2013).

PROJECT ADVISORY GROUP (PAG)

We will convene every 6 months an online PAG which will include approximately 20 members representing primary care professionals. primary care organisations, communities in LMICs,

OUTPUTS

- PhD dissertation
- 3 journal articles
- Several conference presentations
- Short project video for lay audience
- A best practice toolkit based on the developed framework

DISSEMINATION

We will promote the project through a dedicated page on Keele's iGH website. The framework and toolkit will be disseminated widely through appropriate networks, in order to promote a more equitable and decolonised approach to global health research and practice.