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THE POWER OF EQUITABLE PARTNERSHIP IN ADVANCING POWER SHIFTING IN GLOBAL HEALTH

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INTRODUCTION

Colonialism and its legacy are part of our shared human history. The social structures, funding models, and knowledge generation practices that define global health are rooted in a history of inequality, exploitation, and racism. For the population health community, this is also a history of coercion, population control, and eugenics. This history may not be undone and calls to challenge this legacy continue to fall short.

OBJECTIVE

This study centers on the imperative to address historical colonial influences on modern-day global health systems, characterized by inequality, exploitation, and racism. It is imperative that Public health practitioners, especially in the face of multiple global crises, pursue actions to create equitable partnerships and reshape power dynamics.

METHODOLOGY

The Power Shifting Subcommittee from the International Conference on Family Planning (ICFP) has convened five dialogues since November 2022, each customised to our audience, made up of international, regional, and local civil society; multilaterals; donors; government; and academics. Each conversation has explored the question: What can we do to shift power and advance equity now? These interactive discussions were facilitated to identify resources, strategies, and actions for promoting equity and shifting power in global public health.

RESULTS

Through these conversations, the subcommittee has engaged with more than 1,300 individuals from over 115 countries across the globe as of November 2023. Before each conversation, we have asked about participants' long-term hopes for power shifting. During each event, we have asked what actions participants would prioritize for themselves and their communities.

Preliminary results have revealed that 42% (130) of respondents wanted to learn about emerging practices in shifting power, and many were also interested in creating equitable partnerships. Key questions focused on how to implement power shifts (32%, 41) and what long-term structural changes will dismantle existing systems. This work has forged ahead through a power-shifting community of practice hosted by the WHO IBP Network, with long-term hopes focused on moving priority-setting and decision-making closer to communities while improving partnerships.

Next steps identified include learning and unlearning individual behaviours and biases and doing partnership better. Concrete actions identified followed a similar pattern, with an emphasis on learning and unlearning, continuing the conversation, and challenging current partnership dynamics.



Use this QR code to sign up for the Power Shifting in Sexual and Reproductive Health and Rights (SRHR) Community of Practice and learn about upcoming events

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CONCLUSION

This study underscores the necessity of addressing colonial legacies in global health. By sharing insights and practical steps, the initiative aims to foster change and advance equity within the global health landscape.



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