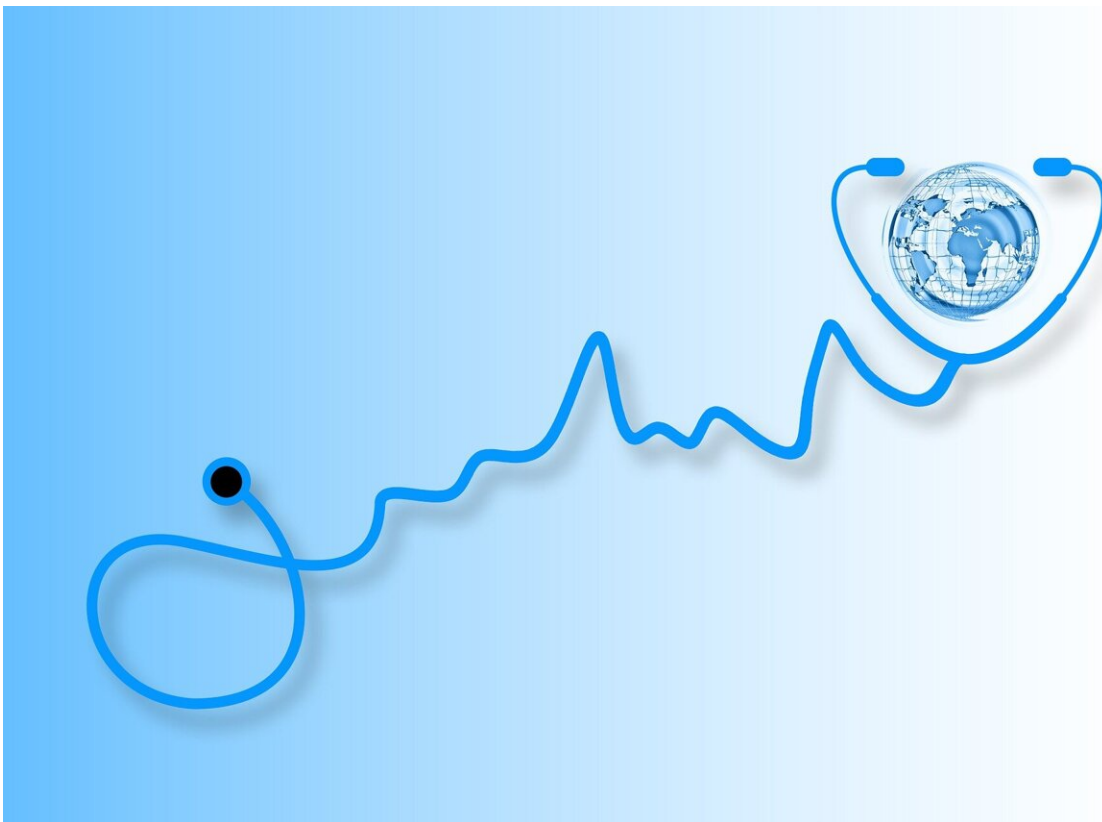


Global health research suffers from a power imbalance. Decolonizing mentorship can help level the playing field

February 14 2024, by Oluwafemi Atanda Adeagbo, Brenda Yankam and Engelbert Bain Luchuo



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Mentorship is a cornerstone of the infrastructure supporting global

health. Transferring knowledge, developing skills and cultivating a supportive professional environment among researchers and clinicians around the world are key to achieving health equity on a global scale.

For example, most people in Africa would have been fully vaccinated against COVID-19 by now if the patented knowledge about the vaccine technology were shared with African scholars and local pharmaceutical companies to produce a generic version. As of October 2023, although over 95% of available doses have been used, [less than 52% of the population](#) is fully vaccinated.

However, researchers from the Global South—countries in the regions of Africa, Latin America, the Caribbean, Asia and Oceania with [limited resources](#) and a lower standard of living—face challenges that impede effective mentorship.

One reason is that mentorship is [often hierarchical](#). Mentors, typically from the Global North, or [high-income countries](#), are often seen as more credible than mentees who are mostly from the Global South. Mentees are often described as inexperienced, requiring training and guidance. While mentorships are by definition hierarchical, researchers from the Global South are [assumed to lack the skills](#) to adequately implement [health programs](#) or conduct research and would benefit from greater experience of scholars from the Global North.

Hierarchical relationships, especially those between people from the Global North and Global South, are not mutually beneficial or fair. Based on our personal experiences and research as [public health researchers](#), [statisticians](#) and [social scientists](#), we believe that cultural humility and equitable partnerships are key to effective global health projects.

Scholars from the Global North and Global South can learn from each

other. [Decolonizing mentorship](#) in global health, or addressing the historical power imbalances between researchers from the Global North and Global South, can help advance global health for all.

Challenges in global health research

Some scholars have defined [global health](#) as "collaborate transnational research and action for promoting health for all." Historically, however, the concept of global health is rooted in Western ideas of [who is considered human](#). Europeans are depicted as the norm or standard, while non-Europeans are depicted as strange or inferior.

This hierarchy is omnipresent in knowledge exchange and health resource allocation between the Global North and Global South. For example, the European Union rejected proposals that would have allowed African countries, mostly former European colonies, to manufacture generic COVID-19 vaccines when the [55 million doses](#) the West donated expired in February 2022.

Scholarly collaborations between the Global North and Global South are also unequal in power. Notably, most of the major [global health institutes](#) are [located in the Global North](#), although the greatest burden of diseases such as HIV and malaria is centered in the Global South. Conferences where researchers gather to learn about new innovations in their field and to network are typically located in high-income countries. Few Global South scholars are able to attend because of [travel restrictions](#) and financial constraints, leaving them without guidance on how to navigate and significantly contribute to the field.

For example, several scholars from the Global South have noted how [visa restrictions and fees](#) affected their ability to attend global health conferences in high-income countries. But even having a visa does not guarantee easy entry. Winifred Byanyima, executive director of the Joint

United Nations Program on HIV/AIDS, who is originally from Uganda, was traveling to Montreal, Canada, to attend the world's largest AIDS conference in 2022. She was almost denied boarding a plane, however, despite her high-level position.

Moreover, a [lack of healthy mentorship cultures](#) and supportive networks among institutions in low- and middle-income countries impedes the professional development of Global South scholars. Furthermore, some current mentorship frameworks and best practices are mostly [designed for high-income countries](#), where there is more [institutional support](#).

[Language and cultural barriers](#) are often significant obstacles for scholars in the Global South, hindering effective communication and collaboration. [Colonialism](#), or the domination and exploitation of certain groups and individuals, has also influenced how education and research is conducted in the Global South, such that researchers are [discouraged from questioning](#) their seniors. This may limit a scholar's critical thinking and create [communication barriers](#) between mentees and mentors.

These hierarchical power dynamics also limit the full potential of cross-cultural learning and knowledge exchange between the Global North and Global South.

Decolonizing global health

A crucial strategy to empower Global South scholars is to decolonize mentorship. This means recognizing that people have [different levels](#) of skills and expertise in different contexts.

Mentorship environments characterized by [humility and co-learning](#) can help researchers break free from historical power imbalances. This

includes acknowledging and valuing the unique perspectives and experiences of scholars from local regions. For example, a researcher from the Global North may be more knowledgeable about a new technology, but a researcher from the Global South may know how best to adapt the technology locally. Tailoring mentorship programs to address the specific needs of scholars in the Global South will also help cultivate a sense of inclusivity and belonging.

Recognizing and valuing linguistic diversity can help address language barriers. Establishing communication channels that accommodate various languages would allow scholars to be able to fully participate in the global health dialogue.

Finally, breaking the chains of the colonial mindset can help foster more egalitarian relationships in research. Mentors become facilitators of learning instead of dispensers of knowledge. Mentees become active contributors instead of consumers of knowledge. Challenging hierarchical relationships and power imbalances can enable a more collaborative and reciprocal dynamic where both parties benefit.

Decolonizing mentorship in global health is not a theoretical concept but an actionable strategy. Addressing the unique challenges that researchers in the Global South face can help bridge the global health divide, allowing local scholars to actively shape the future of the field and their communities.

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