Issue 8 | 2023

GLOBAL HEALTH ANNUAL REVIEW | THEME NAME HERE

Call to Action: The Practice of Critical Allyship in Improving Global Health Governance

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Introduction

The United Nations put forth 17 Sustainable Development Goals (SDGs) to be achieved by 2030, which aligns with the global health agenda [1]. Although there has been significant progress in improving overall health outcomes through the SDGs, the gains can be inequitable as interventions may be less accessible for marginalized populations [1]. At the current pace, many SDGs will not be achieved by 2030 and a change to current practices is required [2].

Specifically, as global health remains rooted in its European colonial and academic origins, power asymmetries and barriers to self-determination are perpetuated [3]. This limits progress towards achieving the SDGs. In order to dismantle power structures for sustainable development, an effort to decolonize global health and create representative leadership is needed. Decolonizing global health is a continuous and coordinated process that requires all sectors to prioritize equitable health outcomes [3]. The adoption of critical allyship encourages acknowledgment of privileges and power imbalances, which supports decolonization and creates a more inclusive global health system, as suggested by Madhukar Pai [4]. Allyship, as defined by the *Anti-Oppression Network*, is "an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalized group" [5]. Therefore, allyship involves actively acknowledging and challenging structures that perpetuate power differences. However, allyship can be misconstrued as an identity, rather than an active process. Instead, the term "critical allyship" is used to emphasize its role in challenging systems [6]. The purpose of this paper is to expand the role of critical allyship in strengthening global health governance to improve SDG performance.

Allyship in Global Health

To apply the practice of allyship in global health, it is important to acknowledge the barriers to health posed by systems of oppression. This paper uses Nixon's Coin Model of Privilege and Critical Allyship, which describes privilege and oppression as the two sides of a coin [6]. The coin represents a system of oppression that is in place. Those who fall on top have unearned privilege, while those at the bottom are oppressed [6].

Systems of oppression persist across sectors, and the field of global health is no exception. Global North actors have historically taken the role of the sole knowledge keepers as they hold most leadership positions in global health organizations [4]. Global South researchers are often restricted to peripheral roles, such as a data collector despite having the expertise to take on more responsibility [7]. This lack of self-determination in the Global South has caused power asymmetries to become prominent in

global health research. This has resulted in interventions being imposed on the Global South without their sufficient input.

Global health governance has historically been driven by power dynamics that favour the interests of the Global North, thus positioning the Global South on the bottom of the coin [6,8]. Furthermore, this approach limits solutions to the challenges faced by the Global South. As such, a shift in current global health epistemologies is long overdue. Critical allyship is emerging as a promising tool that can guide equitable partnerships in global health work.

Elements of Critical Allyship

Critical allyship in global health encompasses several key elements that draw on the following sources: Nixon's principles for practicing critical allyship, the elements of allyship in academic and activist literature, and principles of critical and ethical global engagement [6,9,10]. Critical allyship involves recognizing the role of privilege and oppression in the local context, dismantling asymmetrical power relations, and amplifying marginalized voices [6,9]. This mindset promotes mutual learning and benefit, as well as self-determination [10]. In addition, practicing critical allyship requires accountability for inclusion. Inclusion ensures supportive environments where community members are valued for their contributions and meaningfully support decision-making [11,12]. Accountability for inclusion can be achieved by practicing ongoing self-reflexivity to consider the differences in positionality, values, and assumptions of all the involved stakeholders [10]. Together, these interdependent elements of critical allyship prioritize the engagement of those on the bottom of the coin to address challenges in achieving the global health agenda.

Critical Allyship in Improving Global Health Governance

Given the importance of collective effort among Global North and Global South actors in achieving the SDGs, a shift towards equitable global health governance is warranted. This shift is possible through the integration of critical allyship into the functions of global health governance, which in turn will accelerate progress toward the SDGs.

The global health system has four key functions to achieve common goals, such as the SDGs. These functions are to produce global public goods, manage the externalities across countries, mobilize global solidarity, and stewardship [13]. Stewardship is the foundation of these functions as it determines the voices that guide the development of policies and programs.

Critical Allyship in Stewardship

Stewardship involves engaging relevant stakeholders when building a consensus on global health priorities and developing policies [14]. However, within the global health space, there is a lack of inclusion in governance [15]. This can lead to solutions with unintended consequences, which can limit progress towards the SDGs. The practice of critical allyship can encourage Global North actors to recognize their privilege, reorient their position, and work in solidarity with and amplify suppressed voices. This ensures that relevant perspectives are subsequently incorporated in the development of policies. The meaningful involvement of actors in the Global South enhances democracy for decision-making and consensus on priorities. As such, critical allyship strengthens the stewardship function for achieving the SDGs.

Shift from Individualistic to Collective Action on the Social Determinants of Health

Improving stewardship through critical allyship can change how the social determinants of

health (SDOH) are addressed to reduce health inequities. The SDOH continue to be a driving force in differential health outcomes globally and must be considered when attempting to achieve the SDGs. Currently, much of the literature on the SDOH focuses on individual-level risk factors [1]. However, the risk-factor approach can create a dangerous narrative where an individual's behaviours are isolated from the structural, economic, and social contexts in which they live [1]. This individualistic mindset blames marginalized groups for a perceived inability to control associated behaviours, rather than recognizing the systems that perpetuate them. This is also known as the depoliticization of the discourse, a key challenge in achieving the SDGs [1]. Since this discourse is often led by Global North actors, it can be difficult to recognize the systems that oppress the Global South [1]. Critical allyship challenges this narrative by recognizing identities of privilege and oppression, the structures within which individuals exist, and the intersection of these factors. Through improvements in stewardship, the Global South will be better positioned for decision-making that aims to address the root causes of inequity. As a result, practicing critical allyship can encourage a shift towards collective understanding and action on the SDOH to effectively address the SDG agenda.

Conclusion

Critical allyship can help achieve the SDG agenda by shifting from individualistic approaches to collective action within global health governance. The colonial origins, as well as the perspectives and practices that perpetuate them, can be acknowledged and dismantled with critical allyship. This practice challenges systems of oppression and strengthens the stewardship function of global health governance. It is imperative for individuals and organizations in global health to adopt the practice of critical allyship to promote self-determination and create a more equitable global health system.

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