Swiss NGOs engaged in international health cooperation: How to respond to the call for decolonization?

Labila Sumayah Musoke and Thomas Schwarz, MMI Network Report to Medicus Mundi Switzerland and input to Symposium
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- **Background and mandate**
- References and initial interactions
- Interviews: Voices of Network members
- Perspectives resulting from interviews
- Some recommendations
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“Decolonizing global health is a movement that fights against deeply rooted systems of dominance and power in international, mostly Western organizations and institutions. Criticism of the latter highlights the colonial origins of development cooperation which still shape the approaches, structures, and practices followed until today”. (Bulletin of MMS)

“The decolonization debate has the potential to make international health cooperation sustainable. But are NGOs, state actors in international cooperation and donors ready for this?” (Symposium announcement)
Question: How do you assess the relevance and timeliness of the renewed call for “decolonization” and particularly, for “decolonizing development cooperation” (in a general way, not related to your organization)?

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- **Interviews: Voices of Network members**
  - What’s the problem? Is there a need to “decolonize health cooperation”?
  - What is to be done to overcome colonial patterns?
  - What next steps to be done as a Network?
What’s the problem? Is there a need to “decolonize health cooperation”?

- The call for decolonization is highly relevant and timely
- NGOs need to reflect on their work and honestly take up the critique of aid

“If we don't live decolonization, I mean, what's the point of talking about it?”

“We certainly have to be aware and not use the term decolonization just for marketing purposes to freshen up our image a little bit. We need to go to the structural level, to what has made us colonial organisations in the end.”
What’s the problem? Is there a need to “decolonize health cooperation”?

- Decolonization as a broader political and societal struggle

“There are a number of dilemmas in the whole field, because aid is embedded in a whole system of structures, politics, values, and we can try to change things at our level, but it's not enough.

“There are two main challenges: one is to decolonize the sector. And the second one is to decolonize, as a kind of a societal project.”
What’s the problem? Is there a need to “decolonize health cooperation”?  
- Elements of coloniality in the practice of cooperation

“I think the power imbalances are just inherent in a project where one person has the money and the other person has other things.”

“Colonial patterns still determine how we work, our financing models, how we as NGOs are dependent from institutional donors that work again along these colonial patterns without realising it.”
There is still a focus on this poor beneficiary. Donors purposely want us to look for people who are poor. They're not happy if people wear nice clothes even though they are poor.

“The problem is that we deal with a population that doesn't know what happens in Africa. They get this image that in Africa, all children are dirty and poor, and they need us, people from the north. So, we reinforce stereotypes, and of course this organization gets more money from the public because that narrative touches your heart.

What’s the problem? Is there a need to “decolonize health cooperation”?  
- Sustained stereotypes for good business
What’s the problem? Is there a need to “decolonize health cooperation”?

- Overcoming dependency and power imbalances: A challenge for both sides

“I think that it's very, very delicate or difficult to have a discussion on dependency and power with those who, in reality, nevertheless depend on you.”

“By the way aid is structured today, the formerly colonized and those who are also affected by the extension of colonization do not believe that they have the power. And that they can be equal partners.”

“Colonial rule has expressed itself in very different ways depending on the context, so we shouldn't take decolonization as a blueprint, first of all. The colonial power put into power, in the countries, people who were thinking like them.”
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What’s the problem? Is there a need to “decolonize health cooperation”?

What is to be done to overcome colonial patterns?

What next steps to be done as a Network?
What’s to be done to overcome colonial patterns?

- Overcome racism and stereotypes

“I mean, you cannot disagree. It's a matter of basic respect to overcome racism and stereotypes in our institutional communication.”

“Communication is more than words, it is about acting.”
What’s to be done to overcome colonial patterns?

- From equal partnership to jointly promoting change

“Our approach is allyship. I am not sure if we have done that all the time. But I think this is something that has shifted in the context of the Black Lives Matter movement. The movement, the tools, the discourses it frames, and the way it approaches things are relevant to take up because they ask us if we're allies.”

“We love to speak about ownership and equal partnership, but finding ways to get there is really difficult.”
What’s to be done to overcome colonial patterns?

- Financing and partnership modalities

“Finances and who makes decisions about the money is the question that people don’t easily want to hear here. And this is the hurtful one. I do think we have to experiment. Our systems are not trust-based enough in general to accommodate mistakes and allow learning processes for both sides, provided that money is accounted for by South partners.”

“I think this question of trust and flexibilization of funds - how much do you allow organizations in the South to decide - is a big question. For us it is a challenge to also influence our donor requirements.”
What’s to be done to overcome colonial patterns?

- From programmes to strategies and transformation

“Let us talk about the institutional setup. I really believe this will also produce imbalances. To be honest, our organization struggles with hierarchical patterns.”

“We are, I would say, really coming from the operative level and addressing coloniality and decolonization in our webinars, but also in our international programme and development cooperation, and the aim is that it will go up the structure.”
What’s to be done to overcome colonial patterns?

- Conclusion: Change needs to come

“We need to make it clear that this change will come anyway. And we can just avoid the discussion, or we can address it honestly and openly.”

“I see that we already have a tendency in the debate to shy away. We have organisations that say, come on, this is an old story, we are talking about partnership and how we build partnerships since the 80s. Now, this debate is coming up. They do not understand that we really have to confront ourselves with a debate that should and must hurt ourselves.”

“I was never a friend of fast changes, but I'm a big, big supporter of change.”
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What next steps to be done as a Network?

- Continue to convene, inspire and challenge Network members

“I would like to thank Medicus Mundi for this. Because I think it’s more important than I thought…”

“Well, I think the first steps taken were careful so far. I think it's fine.”

“And also what you are doing currently, I think this is great. I think that's the right way to go. You are actually fostering this discussion, bringing in also the experience that you have from the Kampala Initiative, and things like that. So I do think Medicus Mundi is actually pushing this debate, and I think that it is great as a networking thing.”
What next steps to be done as a Network?

- Set up a community of practice

“We should overcome this modality of looking at it sporadically, just initiating a conversation and going a bit further into providing a space for really advancing the practice.”

“There is a great diversity, however. But this should not discourage us from setting up a community. Or to continue this conversation and to look at the practice.”

“I think it would be interesting, particularly after this symposium in November, to see how the interest is in forming a community of practice in a way you meet regularly and people can exchange on what works, what does not work, where you stand, what is possible, what not.”
What next steps to be done as a Network?

- Engage in a policy dialogue with SDC

“Medicus Mundi should also question SDC on the way they work, how they want to support the NGOs in the future, and how they position themselves in this decolonization debate."

“You have a bigger role to play in advocating for us at SDC, for example on financing. Changing certain schemes. When they analyse NGOs, they look at certain criteria, for example number of Europeans in the field, or who is on their board. This might change to: Do they have many South people on the board? How do they open themselves to people coming from the South in the decision-making processes?”
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Perspectives resulting from the interviews

• We “listened to the converted”
• Diversity
• Experience and good practice
• Honesty, engagement and leadership
• Analysis and action within the overall setup of the sector
• Complexity: Fields of action beyond the own organization
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Recommendations to Network members

• Call it as you want, but do it
• Walk the talk
• Engage as an institution
• Share, inspire, learn

Recommendations to Medicus Mundi Switzerland

• Continue to convene, inspire and challenge Network members
• Set up a community of practice
• Engage in a policy dialogue with SDC
• Rename the Network
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Thank you!

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