

Decolonizing global health: A scoping review protocol

Michelle Amri^{1,2}  | Jinny Yang³ | Kathryn Barrett⁴ |
Jesse B. Bump^{1,5}

¹Takemi Program in International Health, Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Harvard University, Boston, Massachusetts, USA

²School of Public Policy, Simon Fraser University, Vancouver, British Columbia, Canada

³Faculty of Arts, McGill University, Montreal, Quebec, Canada

⁴University of Toronto Scarborough Library, University of Toronto, Scarborough, Ontario, Canada

⁵Bergen Centre for Ethics and Priority Setting, University of Bergen, Årstadveien, Bergen, Norway

Correspondence

Michelle Amri, School of Public Policy, Simon Fraser University, 515 West Hastings Street, Vancouver, British Columbia, V6B 4N6, Canada.
Email: michelle_amri@sfu.ca

Abstract

Although there has been attention paid to decolonizing global health, there is no accepted understanding of the concept. Therefore, this protocol outlines the steps for a planned scoping review to assess the academic literature for discussions on decolonizing global health. Namely, to consider what this concept means within mainstream global health databases and how it can be acted on. We also hope to shed light on who is participating in these discussions. The PRISMA guidelines for Scoping Reviews (PRISMA-ScR) was used to develop this scoping review protocol. With the guidance of an academic librarian, we searched OVID Medline, OVID Embase, EBSCO CINAHL Plus, Web of Science, PAIS Index, Worldwide Political Science Abstracts, and the International Bibliography of the Social Sciences databases from inception to the date the search is conducted. The inclusion criterion is that texts must: (i) use the exact phrasing of “decoloni* global health” or “anticolonial global health,” (ii) include substantive discussion of what decolonizi* global health or anticolonial global health means (i.e., we will exclude single mentions that do not include an explanation, elaboration, or context), and (iii) be published in English. Similarly, the exclusion criteria include: (i) texts that do not substantively discuss decolonizing global health and (ii) grey literature hits. This protocol establishes the study parameters for the planned scoping review. We anticipate the findings from the scoping review to bring much needed clarity to discussions around decolonizing

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2023 The Authors. *World Medical & Health Policy* published by Wiley Periodicals LLC on behalf of Policy Studies Organization.

global health, in terms of meaning(s), gaps, and possible actions.

KEYWORDS

decolonizing global health, global health, health equity, international health colonialism

Key points

- Although there has been attention paid to decolonizing global health, there is no accepted understanding of the concept.
- This protocol outlines the steps for a planned scoping review to assess what this concept means within mainstream global health databases and how it can be acted on.
- We also hope to shed light on who is participating in these discussions.
- We anticipate the findings from the scoping review to bring much needed clarity to discussions around decolonizing global health, in terms of meaning(s), gaps, and possible actions.

INTRODUCTION

Global health has roots in the colonial period that are reflected in many inequities in the present through an oppressive paradigm that has lasted for many generations (Mogaka et al., 2021). Efforts to address these have been forthcoming within the past few years under the label of “decolonization,” but many questions remain. Despite increasing attention on decolonizing global health in the last few years, including a recent plenary at the Canadian Conference on Global Health in late 2021 (Canadian Association for Global Health, 2021) and the United Nations University–International Institute for Global Health hosting a webinar to introduce this new line of research inquiry in September 2022 (United Nations University, 2022), there is no consensus on what decolonizing global health means (Krugman, 2023). For instance, a symposium convened by the editorial board of *Global Health Research and Policy* in July of 2021 reached consensus that to “fully decolonize global health, systemic reforms must be taken that target the fundamental assumptions of global health: does investment in global health bring socioeconomic development, or is it the other way around?” (Kwete et al., 2022). However, Büyüm et al. note that “Decolonising global health advances an agenda of repoliticising and rehistoricising health through a paradigm shift, a leadership shift and a knowledge shift” (Büyüm et al., 2020). And further, Abimbola and Pai note that “to decolonise global health is to remove all forms of supremacy within all spaces of global health practice, within countries, between countries, and at the global level” (Abimbola & Pai, 2020). Evidently, as Finkel et al. note, suggestions for addressing decolonization vary greatly (Finkel et al., 2022). Thus, it is apparent that what “decolonizing global health” entails, is not solidified.

Therefore, this research seeks to contribute to the newly emerging decolonization of global health literature and associated efforts through a scoping review that answers the following question: What does the literature say about decolonizing global health? What does it mean and how should actors best proceed? We also hope to shed light on who is participating in these mainstream global health discussions. We hypothesize that characterizing academic



discussions will reveal that the global health literature is deficient and insular, and that discussions may be insincere about truly decolonizing global health. We anticipate the findings from the scoping review to bring much needed clarity to discussions around decolonizing global health, in terms of meaning(s), gaps, and possible actions.

METHODS

A scoping review was selected to undertake this study given its focus on systematically scoping the literature (Grant & Booth, 2009) as opposed to answering a narrowly defined question, such as the case for systematic reviews that are largely utilized for clinical questions. The design of this scoping review protocol was informed by the work of Arksey and O'Malley (2005), whereby five primary stages informed the study design: (i) identifying the research question; (ii) identifying relevant studies; (iii) study selection; (iv) charting the data; and (v) collating, summarizing, and reporting the results. The PRISMA guidelines for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018) was used to develop this scoping review protocol, as other studies have done (Amri, Ali, et al., 2022; Amri et al., 2022a, 2022b).

Eligibility criteria

Inclusion criteria

The inclusion criteria are that texts must: (i) use the exact phrasing of “decoloni* global health” or “anticolonial global health,” (ii) include substantive discussion of what decolonizi* global health or anticolonial global health means (i.e., we will exclude single mentions that do not include explanations, elaboration, or context), and (iii) be published in English.

Exclusion criteria

The exclusion criterion includes: (i) texts that do not substantively discuss decolonizing global health and (ii) grey literature hits.

Information sources and search strings

With the guidance of an academic librarian, we will search OVID Medline, OVID Embase, EBSCO CINAHL Plus, Web of Science, PAIS Index, Worldwide Political Science Abstracts, and the International Bibliography of the Social Sciences databases from inception to the date the search is conducted. The planned search strings for each of the aforementioned databases and rationale for each database is noted in Table 1. In preliminary searches, we retrieved over 600 hits for duplication elimination and screening.

Study records

Data management

We will use Covidence software to compile hits from all database searches and to eliminate duplicates.

TABLE 1 Planned search strings for each database and rationale.

Database	Rationale	Search string
<p>OVID Medline</p>	<p>Ovid MEDLINE is the core database for health sciences disciplines.</p>	<p>#Search Statement</p> <ol style="list-style-type: none"> 1. Colonialism/ 2. (colonial* or decoloni* or de-coloni* or anticolonial* or anti-colonial*).ab,kf,ti. 3. 1 or 2 4. Global Health/ 5. (global health or global public health or international health or world* health).ab,kf,ti. 6. 4 or 5 7. 73 and 6
<p>OVID Embase</p>	<p>Ovid EMBASE contains biomedical journals and has more international journals than Medline.</p>	<p>#Query</p> <ol style="list-style-type: none"> 1. colonialism/ 2. (colonial* or decoloni* or de-coloni* or anticolonial* or anti-colonial*).ab,kf,ti. 3. 1 or 2 4. global health/ 5. (global health or global public health or international health or world* health).ab,kf,ti. 6. 4 or 5 7. 3 and 6
<p>EBSCO CINAHL Plus</p>	<p>CINAHL Plus contains journals in nursing and the health professions.</p>	<p>#Query</p> <p>S5S1 AND S4 S4S2 OR S3 S3("global health" or "global public health" or "international health" or "world health" or "worldwide health" or "world-wide health") S2(MH "World Health") S1(colonial* or decoloni* or de-coloni* or anticolonial* or anti-colonial*)</p>
<p>Web of Science</p>	<p>Web of Science was selected because it is multidisciplinary and includes journals across the sciences, social sciences, and arts and humanities.</p>	<p>Editions selected: Arts & Humanities Citation Index, Science Citation Index Expanded, Social Sciences Citation Index, Conference Proceedings Citation Index–Science, Conference Proceedings Citation Index–Social Sciences and Humanities, Emerging Sources Citation Index</p> <p>Topic: (colonial* or decoloni* or de-coloni* or anticolonial* or anticolonial*)</p> <p>AND</p> <p>Topic: ("global health" or "global public health" or "international health" or "world health" or "worldwide health" or "world-wide health")</p>
<p>PAIS Index</p>	<p>PAIS Index was searched because it contains journals from public policy and international relations.</p>	<p>(MAINSUBJECT. EXACT("Colonialism") OR MAINSUBJECT.EXACT("Decolonization") OR NOFT(colonial* or decoloni* or de-coloni* or anticolonial* or anticolonial*)) AND NOFT("global health" or "global public health" or "international health" or "world health" or "worldwide health" or "world-wide health")</p>

TABLE 1 (Continued)

Database	Rationale	Search string
Worldwide Political Science Abstracts	Worldwide Political Science Abstracts was searched for the political science and international relations literature.	(MAINSUBJECT.EXACT("Colonialism") OR MAINSUBJECT.EXACT("Decolonization") OR NOFT(colonial* or decoloni* or de-coloni* or anticolonial* or anticolonial*)) AND (NOFT("global health" or "global public health" or "international health" or "world health" or "worldwide health" or "world-wide health"))
International Bibliography of the Social Sciences (IBSS)	IBSS was included due to its broad spectrum of social sciences journals. Coverage includes globalization, health, policy studies, political science, and sociology.	(MAINSUBJECT.EXACT("Colonialism") OR MAINSUBJECT.EXACT("Anti-colonialism") OR MAINSUBJECT.EXACT("Decolonization") OR NOFT(colonial* or decoloni* or de-coloni* or anticolonial* or anticolonial*)) AND (MAINSUBJECT.EXACT("Global health") OR NOFT("global health" or "global public health" or "international health" or "world health" or "worldwide health" or "world-wide health"))

Selection process

Following the PRISMA-ScR guidelines, we will engage in two stages for screening. In the first stage, titles and abstracts will be read independently by two reviewers to determine potential inclusion in the second stage. In the second stage, hits marked for full-text review will be read in full by two independent reviewers to determine inclusion by drawing on the established inclusion and exclusion criterions. Following the first and second stages, conflicts will be resolved in a consultative manner between the two reviewers. All final articles to be included in the scoping review will be approved by the full authorship team.

Data collection process

Final hits determined to meet the inclusion criteria will be drawn on to extract relevant data to answer the research questions. One researcher will qualitatively code final hits in NVivo12 software and undertake analysis to narratively synthesize findings in the planned scoping review.

Data items and charting

Our sample for analysis will be presented in a chart showing author(s), first author's institution, year, and title.

Outcomes and prioritization

In addition to the charted data, we will narratively synthesize findings related to both the meaning(s) of decolonizing global health and suggested way(s) forward.



Limitations

The three limitations we outline are byproducts of the intentional design of our study. These limitations pertain to: searching hits published in English, the exclusion of grey literature, and searching global health articles.

One limitation of this study is that it only searches hits published in English. Given the global nature of decolonizing global health and the potential desire to resist perpetuating a global north-south divide, we recognize that this limitation is quite impactful for this work. However, we are constrained by resources and believe that this English-language work can help push debates and bring clarity to ongoing mainstream discussions. In other words, it can enhance thoughtful discussion and make a step towards clarifying meaning(s) for associated action.

Second, we exclude grey literature because of the nature of our research question that is focused on characterizing mainstream discussion in the academic literature. We are not seeking to characterize all discussions around decolonizing global health, but we anticipate demonstrating that discussions in the academic literature can be insular.

And third, we focus our attention on global health articles which is evidenced by our search strategy and search strings. By electing to take a narrow approach to characterize discussions of decolonizing global health, we ultimately exclude the work of academics who fall outside of the parameters of global health. As an illustrative point, Aníbal Quijano is a sociologist who has worked on decolonial thinking but Quijano's work is not retrieved in our search strategy. Ultimately, this limitation entails that we can characterize decolonizing global health within the global health literature.

CONCLUSIONS

This protocol establishes scoping review study parameters, including the search strategy, search strings, research question, and inclusion and exclusion criteria. By design, it seeks to improve transparency and rigour and guide undertaking of the scoping review.

We anticipate the findings from the scoping review will bring clarity to mainstream discussions around decolonizing global health, in terms of meaning(s), gaps, and possible actions. Ultimately, this work contributes to reducing persistent inequities globally, which has been afforded much needed attention in global health (Amri et al., 2023; Amri, 2021; Amri, O'Campo, et al., 2022; Amri et al., 2020; Amri, Jessiman-Perreault, et al., 2021; Carducci et al., 2022), particularly as inequities have become more readily apparent due to the COVID-19 pandemic (Amri & Drummond, 2021; Amri & Logan, 2021).

AUTHOR CONTRIBUTIONS

Michelle Amri conceptualized and designed the study and wrote the manuscript. Michelle Amri, Kathryn Barrett, and Jesse B. Bump developed the search strategy. All authors read and approved the final manuscript.

ACKNOWLEDGMENTS

M. A. holds an SSHRC Postdoctoral Fellowship. This funding body had no influence on the design of the study; collection, analysis, and interpretation of data; and in writing or submitting the manuscript.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

ETHICS STATEMENT

Not applicable.

ORCID

Michelle Amri  <http://orcid.org/0000-0001-6692-3340>

REFERENCES

- Abimbola, S., & Pai, M. (2020). Will global health survive its decolonisation? *The Lancet*, 396(10263), 1627–1628.
- Amri, M., Ali, S., Jessiman-Perreault, G., Barrett, K., & Bump, J. B. (2022). Evaluating the healthy cities initiative: A scoping review protocol. *PLoS One*, 17(10), e0276179. <https://doi.org/10.1371/journal.pone.0276179>
- Amri, M., Carducci, B., Plamondon, K. M., Mac-Seing, M., Shoveller, J., & Di Ruggiero, E. (2023). Exploring gender equality and equity in Canadian global health institutions. In R. Monchalín (Ed.), *Public health feminisms: Canadian scholars*. <https://canadianscholars.ca/book/critical-perspectives-in-public-health-feminisms/>
- Amri, M., Chatur, A., & O'Campo, P. (2022a). Intersectoral and multisectoral approaches to health policy: An umbrella review protocol. *Health Research Policy and Systems*, 20, 1–5. <https://doi.org/10.1186/s12961-022-00826-1>
- Amri, M., Chatur, A., & O'Campo, P. (2022b). An umbrella review of intersectoral and multisectoral approaches to health policy. *Social Science & Medicine*, 315, 115469. <https://doi.org/10.1016/j.socscimed.2022.115469>
- Amri, M., O'Campo, P., Enright, T., Siddiqi, A., Di Ruggiero, E., & Bump, J. B. (2022). Probing key informants' views of health equity within the World Health Organization's Urban HEART initiative. *BMC Public Health*, 22, 1–9. <https://doi.org/10.1186/s12889-022-14395-z>
- Amri, M., Siddiqi, A., O'Campo, P., Enright, T., & Di Ruggiero, E. (2020). Underlying equity discourses of the World Health Organization: A scoping review protocol. *Social Science Protocols*, 3.
- Amri, M. M. (2021). Universal health coverage for the poorest billion: Justice and equity considerations. *The Lancet*, 397(10273), 472–473.
- Amri, M. M., & Drummond, D. (2021). Punctuating the equilibrium: An application of policy theory to COVID-19. *Policy Design and Practice*, 4(1), 33–43.
- Amri, M. M., Jessiman-Perreault, G., Siddiqi, A., O'Campo, P., Enright, T., & Di Ruggiero, E. (2021). Scoping review of the World Health Organization's underlying equity discourses: Apparent ambiguities, inadequacy, and contradictions. *International Journal for Equity in Health*, 20(1), 70.
- Amri, M. M., & Logan, D. (2021). Policy responses to COVID-19 present a window of opportunity for a paradigm shift in global health policy: An application of the multiple streams framework as a heuristic. *Global Public Health*, 16, 1187–1197.
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32.
- Büyüm, A. M., Kenney, C., Koris, A., Mkumba, L., & Raveendran, Y. (2020). Decolonising global health: If not now, when? *BMJ Global Health*, 5(8), e003394.
- Canadian Association for Global Health. (2021). *Rethinking partnership paradigms in global health 2021*. <https://cagh-acsm.org/en/2021-rethinking-partnership-paradigms-global-health>
- Carducci, B., Keats, E. C., Amri, M., Plamondon, K. M., Shoveller, J., Ako, O., Osler, F. G., Henry, C., Pant Pai, N., & Di Ruggiero, E. (2022). Prioritizing gender equity and intersectionality in Canadian global health institutions and partnerships. *PLOS Global Public Health*, 2, e0001105.
- Finkel, M. L., Temmermann, M., Suleman, F., Barry, M., Salm, M., Binagwaho, A., & Kilmarx, P. H. (2022). What do global health practitioners think about decolonizing global health? *Annals of Global Health*, 88(1), 61.
- Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal*, 26(2), 91–108.
- Krugman, D. W. (2023). Global health and the elite capture of decolonization: On reformism and the possibilities of alternate paths. *PLOS Global Public Health*, 3(6), e0002103.
- Kwete, X., Tang, K., Chen, L., Ren, R., Chen, Q., Wu, Z., Cai, Y., & Li, H. (2022). Decolonizing global health: What should be the target of this movement and where does it lead us? *Global Health Research and Policy*, 7(1), 3.
- Mogaka, O. F., Stewart, J., & Bukusi, E. (2021). Why and for whom are we decolonising global health? *The Lancet Global Health*, 9(10), e1359–e1360.
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A.,



Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473.

United Nations University. (2022). *Decolonising global health: Programme launch*. <https://unu.edu/events/archive/other-event/decolonising-global-health-programme-launch.html>

AUTHOR BIOGRAPHIES

Michelle Amri, MPA, PhD, is a Term Assistant Professor at Simon Fraser University. Her research is situated in the disciplines of public health and global health and contributes to the field of politics of health.

Jinny Yang is an undergraduate student at McGill University in the Faculty of Arts.

Kathryn Barrett, MLIS, is a Liaison Librarian for Anthropology and Health & Society at the University of Toronto Scarborough.

Jesse B. Bump, PhD, MPH, is the Executive Director of the Takemi Program in International Health and Lecturer on Global Health Policy in the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health, and a Member of the Bergen Center for Ethics and Priority Setting at the University of Bergen. His research analyzes the evolution of ideas and institutions that promote better societal performance in health.

How to cite this article: Amri, M., Yang, J., Barrett, K., & Bump, J. B. (2023). Decolonizing global health: A scoping review protocol. *World Medical & Health Policy*, 1–8. <https://doi.org/10.1002/wmh3.586>