Decolonising our Work at the Health in Humanitarian Crises Centre

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Charter

Introduction and Purpose

The purpose of this charter is to galvanise and steer collective action from LSHTM's Health in Humanitarian Crises Centre (HHCC) members to decolonise our research, teaching and wider Centre partnerships. It presents the core principles and commitments which underpin efforts to decolonise our work.

The HHCC at LSHTM was founded with an aim of advancing health and health equity in crises-affected countries through research, education, and the translation of knowledge into policy and practice. The [Fight Against Institutional Racism](#) (FAIR) Network is a legacy of the 2020 Black Lives Matter protests and efforts by staff and students to address racism and coloniality within LSHTM. As an independent network, FAIR facilitates dialogue and action around issues of racism and colonial legacies in global public health education, research and practice at LSHTM. FAIR worked collaboratively with HHCC and led the mixed methods research that informed the design of the charter.

Within the humanitarian sector, we know that decolonising is often conflated with other terms such as ensuring 'equity, diversity and inclusion', 'equitable partnerships' and 'localisation'. While these approaches seek to tackle specific inequities within the humanitarian system and research, they solely look at the *symptoms* of the problem - such as unequal access to funding, decision making power, inequitable and unethical authorship arrangements or asymmetrical partnership – without addressing the root causes of these problems. Another common conflation of the term equates decolonisation with general anti-oppression or social justice concepts (Tuck and Yang, 2012). Consequently, we understand that decolonisation requires the overturning of "'dominant hegemony, hierarchies, and concentrations of power and control' related to geopolitics, race, class, gender or other identities" (Gorski, 2008: 515). The charter and accompanying [Implementation Guidance](#) outline how we will work towards this goal.

The aim of this charter is to support HHCC's efforts to decolonise our work with the overarching goal of embedding decolonial practice into our work and challenging the colonial history and legacies within research, teaching and partnerships. This work is underpinned by a recognition that coloniality - or the logic of domination - continues to impact efforts to improve health in humanitarian settings. Our charter represents a set of concrete commitments and corresponding actions to be regularly discussed and updated within the HHCC community.

The charter is based on mixed methods research. Firstly, a scoping review of current practical guidance on decolonising global/humanitarian health research teaching and practice was undertaken. Rapid qualitative research was then conducted with relevant internal HHCC members and external actors (including donors and collaborators) to understand the barriers and facilitators to decolonising as perceived by Centre members and stakeholders. Finally, internal HHCC members reviewed and discussed the findings and draft Charter and [Implementation Guidance](#) during design workshops and online consultation opportunities.

Core Principles

Aligning our work along the following three principles will help us focus our efforts to decolonise. The three principles interact and are all equally important.

1. Decolonisation as a comprehensive practice

We recognise that after centuries of Euro-Atlantic colonial rule and exploitation, the ongoing logic of colonial domination is reproduced in everyday life, political and social systems, as well as in humanitarian research and practice. We recognise that coloniality - or the logic of colonial domination - is ultimately about power and the preservation of particular asymmetrical power dynamics. Therefore, our decolonisation work must be rooted in disrupting these asymmetries and reorganising power.

To situate decolonisation as a comprehensive practice within our work, we will:

1. Ask difficult questions about the deeply problematic assumptions and attitudes that gave rise to coloniality within humanitarian practices, in order to;
2. Tackle the root causes of issues themselves

This avoids reducing decolonisation to conscientisation (Tuck and Yang, 2012) and allows us to overturn "dominant hegemony, hierarchies, and concentrations of power and control" (Gorski, 2008: 515) in line with our understanding of decolonisation as comprehensive practice.

In order to address both 1) and 2) in our commitments, our first principle emphasises the need for specificity in how we frame decolonisation. We will challenge the logic of colonial domination (coloniality) and dismantle the mechanisms by which it operates, such as hierarchical knowledge production based on the superiority of Western knowledge and practice (Koum Besson, 2021; Mignolo, 2007; Wickramasinghe, 2010). Our approach is rooted in anti-racist and intersectional feminist thinking.

The HHCC principle of decolonising means: we will work to deconstruct and dismantle colonial practices and ideologies, rather than only focusing on some of the downstream manifestations of these legacies alone, such as inequitable research and funding practices.

2. Disruption of racialised power dynammics

The power dynamics relevant to humanitarian health research and practice are codified by a colonial-era, racialised social classification of the world's population (Quijano, 2000). This classification continues to reverberate and play out both within LSHTM and its partnerships, where racism is experienced within everyday working relationships. The work at LSHTM and HHCC is also embedded within the development project and humanitarianism at large, which are built on the fundamentally paternalistic assumption that the non-white majority population of the world is in need of assistance by Western development actors. The *White Gaze* of development measures expertise and political, economic and socio-cultural processes against a standard that is white, Western, and often male (Pailey, 2020). Another paternalistic assumption is that crises-affected communities lack capacity and skills, require external training, and cannot be trusted to manage funds (Peace Direct, 2022). We recognise that this leads to the dismissal as 'local' or 'informal', for example, of any governance structures that do not adhere to liberal democratic models. Humanitarianism and development, seen from this lens, are profoundly colonial and racializing projects.

> *The HHCC principle of disrupting power asymmetries means: we will work to disrupt the unequal racialised power dynamics which characterise everyday working relationships, influence decision-making processes and produce unequal access to resources such as training, funding, remuneration, and knowledge.*

3. Change as a continuous process

Disrupting and dismantling unequal and colonial racial and gendered dynamics require substantial effort, commitment and resources. This work will take time and will be an ongoing process rather than an outcome that is to be achieved. The charter is accompanied by [Implementation Guidance](#) that outlines how to implement the charter. This implementation guidance will be the key resource that HHCC members can use for decolonising their work at the Centre.

We recognise that there are many more actors within the humanitarian and global health sectors, as well as at LSHTM, who are committed to creating an international humanitarian system that is fit for purpose (Peace Direct, 2022). In order to affect change, we will begin with actions that are within the control and remit of the HHCC, including working with, and continuously learning from, other actors committed to this work.

> *The HHCC principle of change as a continuous process means: we will work consistently and ambitiously to create change over time, in line with our principles of 'Decolonisation as Comprehensive Practice' and 'Disrupting Racialised Power Dynamics'.*

Our Commitments

1. Be led by those from crisis-affected countries

We will ensure that our research, teaching and partnerships and wider Centre activities are led by those from crises-affected countries and with lived experience of crises (where possible), and we will advocate for LSHTM and its donors to reform policies that stand in the way of this commitment. We will ensure meaningful participation of crises-affected communities and partners across all stages of our research, teaching and partnerships, and will strive to produce needs-based research outputs. We commit to fair remuneration of project partners, rather than relying on expertise in-kind. These commitments are important because historically, humanitarian aid has been directed and funded by individuals and institutions located in former colonial, Western countries, which replicates colonial-era power hierarchies. Consequently, crisis-affected communities are often excluded from decision-making about processes that directly impact their lives. We will furthermore prioritise the experience of researchers with relevant in-depth understanding of their countries and context, and seek to ensure that research is principally led by individuals with this experience. We will also be led by the agendas of regional and national priorities, as opposed to international agendas.

2. Challenge the assumed neutrality of humanitarian practice

We commit to improving our understanding of, and engagement with, the critiques of our sector and its practice. We commit to discontinuing the promotion of the predominant eurocentric, benevolent, white-saviourist view of humanitarian aid that is positioned as 'neutral'. The assumed neutrality and benevolence of the humanitarian system works to protect the status quo, which is characterised by colonial and racial(ising) hierarchies between those who give and those who receive humanitarian assistance. We expressly recognise that working on humanitarian health is inherently political and we will take an intersectional approach to recognise how humanitarian power intersects with other power hierarchies such as patriarchy, capitalism and racism, heteronormativity and ableism. We commit to shifting the narrative from favouring evidence produced by international actors to appreciating and promoting locally produced knowledge. To this end, we will endorse and support the work of key actors, such as community and civil society organisations working to dismantle the colonial structures of the humanitarian research system.

3. Reimagine risk and capacity

We commit to advocating for new approaches and tools to assess and manage risk that prioritise accountability to crises-affected communities (Start Network, 2022). The assumption and idea that research with and in communities of colour, indigenous communities and non-Western actors is inherently 'risky' is attached to racialising portrayals of communities, countries, and governments that has its origins in colonial discourses and ideology. In humanitarian and aid work, this legacy is embedded in due diligence and risk analysis instruments that present entry and funding barriers for smaller, community and grassroots organisations, while imposing Western standards and defining

deficits from this vantage point (Start Network, 2022). At LSHTM and within the humanitarian sector, due diligence requirements position the support of non-Western groups as inherently more 'uncertain and messy', or carrying particular risk, which feeds into a paternalistic discourse.

The concept of 'capacity building' is common in humanitarian and wider development discourse, and reinforces discriminatory and racist perceptions of non-White populations, suggesting that crises-affected communities and organisations lack skills (Peace Direct, 2021). To disrupt the dynamic of making invisable the expertise of researchers from crises-affected countries and communities, we will not automatically assume the need to 'build' or 'strengthen' capacity. Instead, we commit to reimagining capacity and connecting partners to resources thereby 'bridging', rather than 'building', capacity.

4. Redistribute resources

We recognise that resources for humanitarian health are disproportionately allocated towards high-income, Western organisations. The ability to fund and generate research, for example, is skewed towards Western academic institutions, who may redistribute only small portions of research funding. Research collaborators are often excluded from decision-making and ownership of research data. We seek to challenge this unjust system by redistributing resources. Through advocacy efforts with donors, we will aim to shift decision-making and funding of our projects to partners located in countries or communities where research takes place. We commit to reforming data ownership and the ways in which information is disseminated to, and accessed by, research partners. Our goal is to provide data co-ownership for research partners, thereby disrupting the colonial dynamics of resource ownership that restrict data access and information.

Our Ways of Working

We will work in three key ways to achieve the commitments above. The HHCC is made up of researchers, educators and professional staff, all of whom are able to affect change, albeit at the individual level. Therefore, we aim to work in ways that draw on our wider influence and collective power.

1. Change collectively as HHCC members

We recognise that sustained change requires collective action, specifically, working together as a community to make the changes that are outlined in this charter. We commit to getting together regularly to drive change collectively, as well as to review and critically reflect on progress or lack thereof. We will achieve this through collaborations and influencing others by setting examples of decolonial practice. Further guidance of how this will be actioned can be found in the corresponding Implementation Guidance.

2. Work collaboratively with other LSHTM Centres and external actors

Part of driving change at HHCC and LSHTM more broadly is our commitment to working collaboratively with other Research Centres across the School. We will share good practices and encourage others to embed commitments to decolonisation into their work. Beyond LSHTM, we will foster collaboration across the sector by seeking to form coalitions with organisations committed to a similar agenda, in order to facilitate cross-learning, and the sharing of information, practices, tools and resources. We will ensure that these coalitions are not only formed of Western Higher Education Institutions, but also NGOs, other research institutions, civil-society organisations, community and activist groups from crises-affected countries and communities. Building these coalitions will facilitate power-sharing, both horizontally and vertically within the field of humanitarian health. Further guidance of how this will be actioned can be found in the corresponding Implementation Guidance.

3. Influence widely at the LSHTM institutional, donor body and sector level

Both our Centre and the wider institution hold significant power and leverage in the global field of public and humanitarian health. The history of establishing that power is connected to LSHTM's role in aiding and abetting British colonialism (Hirsch and Martin, 2022). As we move towards alternative futures, we commit to advocating for decolonisation within our institution at the Executive Team level, and with donors and funding bodies. Our ways of working will include investing time, energy and resources into advocating the core principles of our charter to our internal and external stakeholders at relevant policy forums and bilateral dialogues with donors in order to influence policy and practices towards equitable and decolonial futures. Further guidance of how this will be actioned can be found in the corresponding Implementation Guidance.

Ways Forward

Adhere to our Charter and measure its implementation

The legacy of colonialism is also marked by empty "commitments" to decolonising. This practice entrenches patterns of colonial domination by positioning institutions like ours as authoritative actors in the field, without necessarily having actioned these commitments. Our commitment is to adhere to this charter, bring it to life in our work, and be accountable for its implementation. All present and incoming Centre members will adhere to this charter, and contribute towards progressively implementing its accompanying Implementation Guidance. We will also measure and transparently report on our progress using a yearly progress reporting survey and annual report, compiled by HHCC Leadership.

The charter is accompanied by [Implementation Guidance](#) that outlines how to implement the charter in practice. This guidance will be the key tool HHCC members can use for decolonising members' work at the Centre.

Acknowledgements