

Swiss TPH 

Reimagining Global Health

To Protect Science & Health

SSPH+ Annual Meeting

Lucienne Zinsstag & Stephanie Khoury

24 June 2026



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What concerns you about global health right now?

Agenda

- 1. Background information**
- 2. Why do we need to reimagine global health?**
- 3. How and where to start?**

Scientific Retreat: Reimagining Global Health Education in the Global North

Swiss TPH, University of Basel, & McGill University, June 2025



A student based initiative funded by University of Basel

Human Rights: Should be the basis of global health



<https://www.linkedin.com/pulse/right-free-healthcare-enshrined-universal-declaration-u1ejc/>
<https://www.un.org/en/about-us/universal-declaration-of-human-rights>

Equity and justice, not equality, is what protecting health requires

Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.



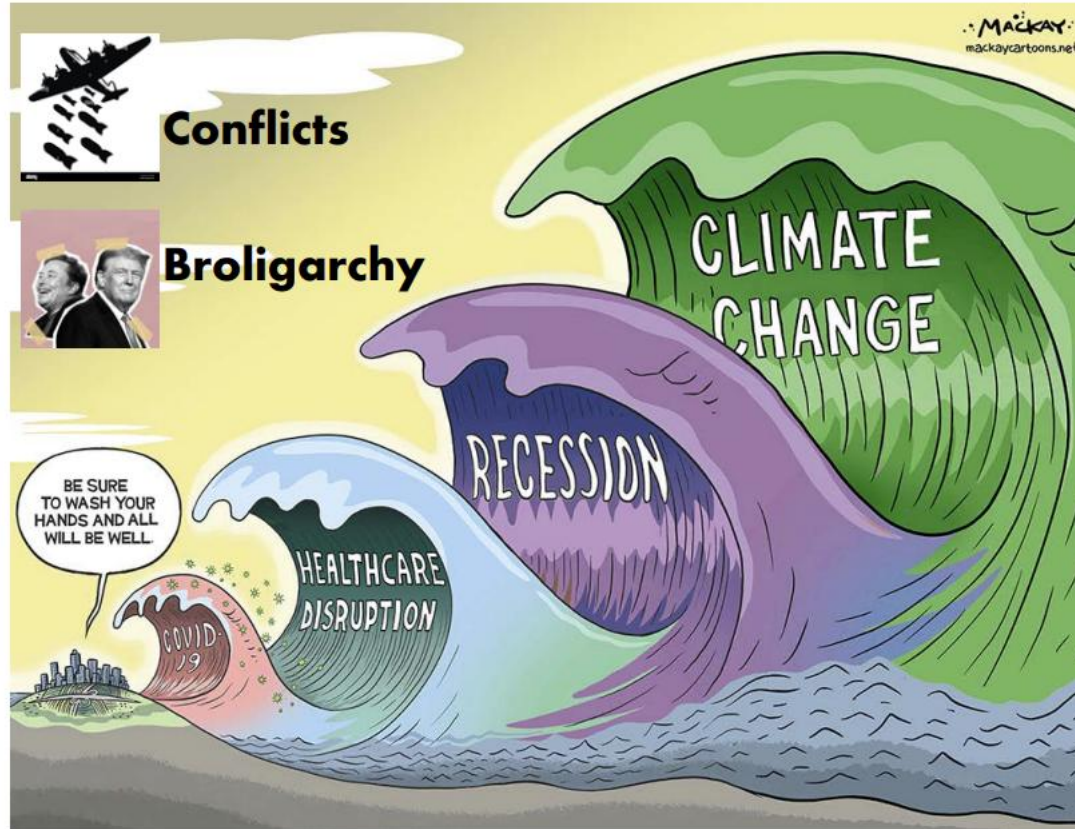
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**Why do you think we
need to reimagine
global health?**

Why do we need to reimagine global health?

Fact 1: We are in an era of polycrisis



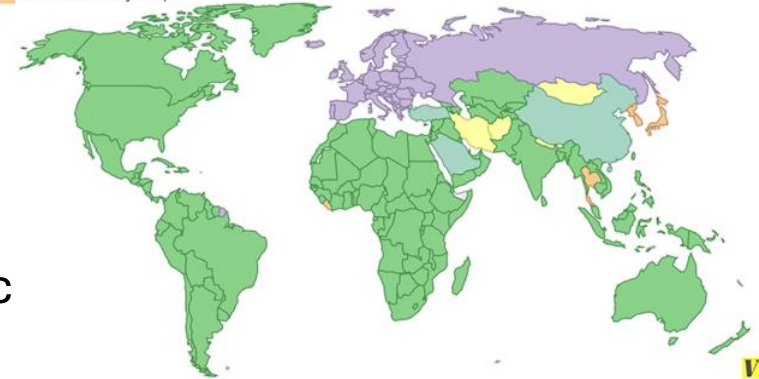
Fact 2: Global health is founded by colonialism and continues to be affected by the legacies of colonialism...

Colonialism is a policy of control over people and places, usually for economic dominance (extracting wealth and knowledge). European colonialism beginning in the 16th century, which is underpinned by coloniality.

Coloniality is a concept where systems of racialised hierarchies, dominance of Eurocentric knowledge and cultural systems are normalized and make (neo-)colonialism seem inevitable.

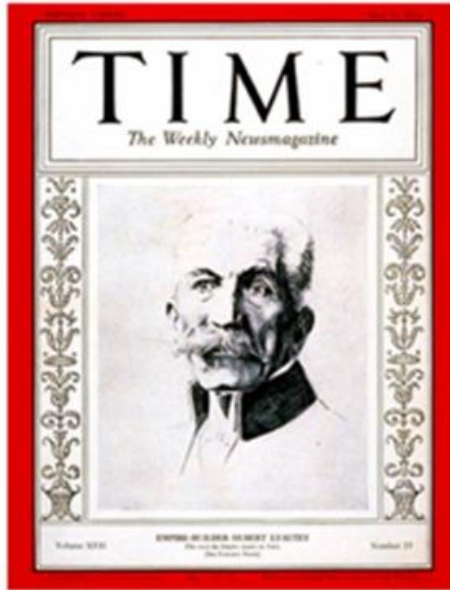
Countries that have been under European control

Legend:
Europe (purple)
Colonized or controlled by Europe (green)
Partial European control or influence (teal)
European sphere of influence (yellow)
Never colonized by Europe (orange)



The start of Tropical Medicine and Public Health

Hubert Lyautey and Albert Schweitzer



Military doctor



Benevolent Savior / White Savior

Imagery tells a continued story!

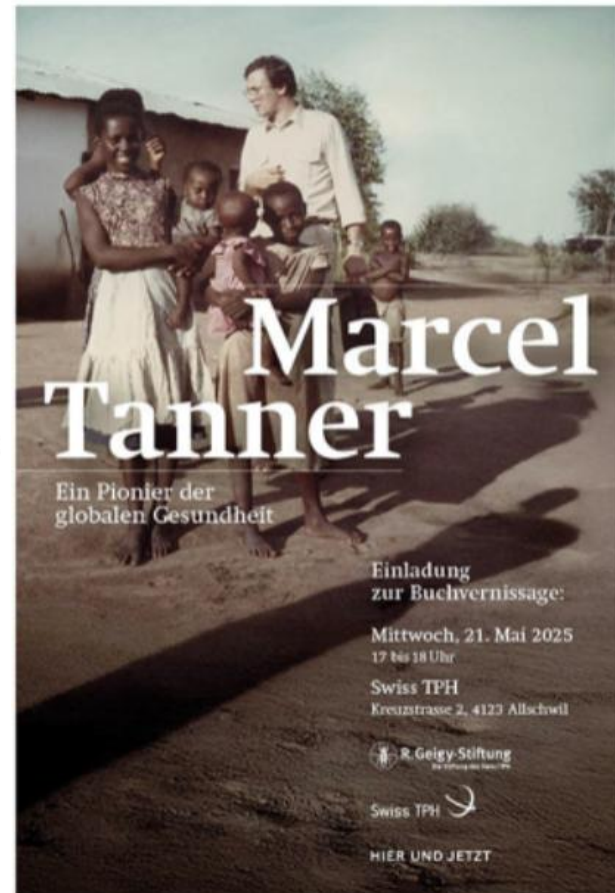
HEALTH POLICY · Volume 11, Issue 1, E155-E164, January 2023 · Open Access

[Download Full Issue](#)

The use of imagery in global health: an analysis of infectious disease documents and a framework to guide practice

[Esmita Charani, PhD](#) ^{a,b,c,d,t} [✉](#) · [Sameed Shariq, BSc](#) ^{e,t} · [Alexandra M Cardoso Pinto, BSc](#) ^e · [Raabia Farooqi, BSc](#) ^e · [Winnie Nambatya, MPharm](#) ^f · [Oluchi Mbamalu, PhD](#) ^a · et al. [Show more](#)

[Affiliations & Notes](#) [Article Info](#) [Linked Articles \(1\)](#)



How Switzerland profited from colonialism

Officers and merchants

Swiss were taken on by the Dutch and British East India companies from as early as the beginning of the 17th century. Most met with a miserable fate. Some military officers, however, managed to build fortunes and make useful contacts. They entered the plantation business and grew sugar or other products, using African slaves as labourers.

Some trading companies in Switzerland – such as Christoph Burckhardt's firm in Basel and Louis de Pourtalès in Neuchâtel – earned large sums through the three-way trade between Europe, Africa, and America in textiles, slaves, and plantation produce. And it was not just private firms which invested in transatlantic trade: in 1719, the city of Bern, for instance, was the biggest investor in the British South Sea Company, which provided slaves to the British colonies in southern America.

Boost for science and tech

Science and technology also profited from access to the colonies. The tropics opened up interesting fields of research in geography, biology, paleontology and anthropology. Pharmacologists were interested in indigenous plant medicine. Academic careers were launched on the back of travels abroad or working with tropical materials in Swiss laboratories. Geologists explored jungles and deserts on behalf of Shell or other oil companies.

Just as the first wave of industrialisation was built on cotton and foreign patterns, the second wave – chemicals, cars and electronics – was built on raw materials from the colonies. Cheap rubber from plantations in Malaysia, Sumatra and Ceylon provided the impetus. The search for promising new raw materials intensified. Europeans' industrial plantations cleared huge swathes of the jungle. Many Swiss worked on these plantations. A few became extremely rich that way and flaunted their wealth after their return to Switzerland in villas with opulent gardens.

It is in the past: No, it is not!

Coronavirus: France racism row over doctors' Africa testing comments

3 April 2020

Share Save

Two French doctors have been accused of racism after a TV debate in which one suggested trials in Africa to see if a tuberculosis vaccine would prove effective against coronavirus.

During the debate on TV channel LCI, Camille Loch, head of research at the Inserm health research group, was talking about a trial in Europe and Australia.

Jean-Paul Mira, head of intensive care at Cochin hospital in Paris, then says: "If I can be provocative, shouldn't we be doing this study in Africa, where there are no masks, no treatments, no resuscitation?"

"A bit like as it is done elsewhere for some studies on Aids. In prostitutes, we try things because we know that they are highly exposed and that they do not protect themselves."



‘The white savior supports brutal policies in the morning, founds charities in the afternoon, and receives awards in the evening.’ – Teju Cole

- **White savior industrial complex** was coined by Teju Cole in 2012
- Defined as attitudes and systems that place privileged people in positions to **“help”** or **“save”** the less fortunate
- Although the concept originated in global health, saviorism also exists in the local contexts when researchers or healthcare providers helicopter into underserved communities without meaningful relationship and trust building



Fact 3: Global North and privileged actors hold power

Default settings in global health



Global North



White



Men



Power & Privilege



@paimadhu

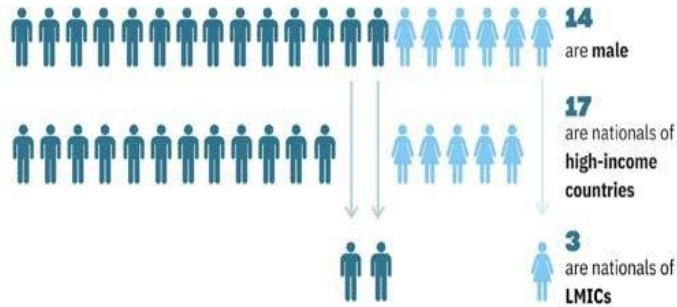
Global North organizations hold the majority of leadership positions, mostly male

Power,
privilege
and
priorities

Global
Health
50/50
Report
2020

#ThisIsGender
#GH5050

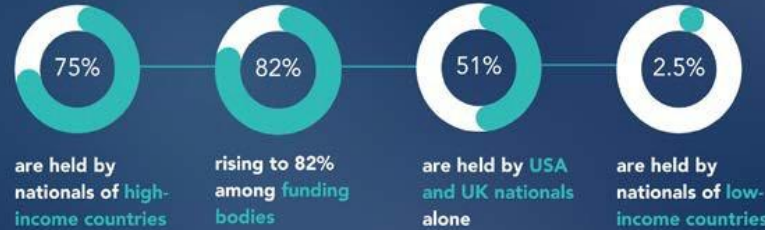
Global Health 50/50 found that for every
20 global health leaders...



...patterns of privilege prevail

GLOBAL HEALTH GOVERNING BODIES ARE NOT
GLOBALLY REPRESENTATIVE

OF 2014 BOARD SEATS...



#BOARDSFORALL

GLOBAL HEALTH 50/50
2022 REPORT

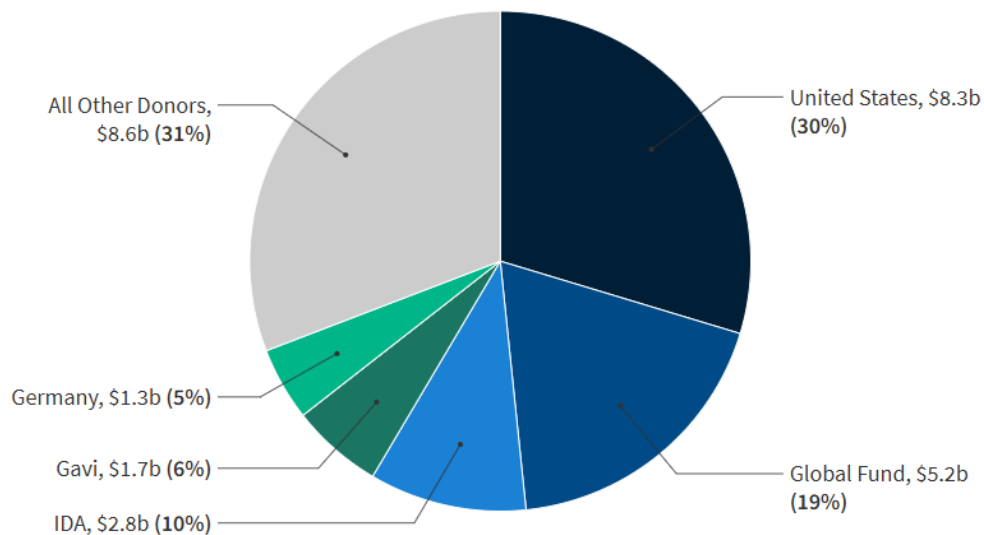
GLOBAL 50
HEALTH 50

<https://globalhealth5050.org/2022-report>

Who funds global health?

Share of Global Health Funding by Donor, 2021-23

Average annual global health funding total: \$28b



Note: Represents average annual bilateral global health ODA disbursements for 2021-2023 in current USD. COVID-19 activities excluded from analysis.

Journal landscape & authorship inequities

- Journals were built inside colonial-era science
- That history still shapes who gets published and credited today
- **Result:** the people living the crisis are rarely the ones telling its story

THE LANCET

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VIEWPOINT · Volume 403, Issue 10433, P1304-1308, March 30, 2024

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The Lancet and colonialism: past, present, and future


[Prof Mishal S Khan, PhD](#) ^{a,b,*} [✉](#) · [Thirusha Naidu, PhD](#) ^{c,d,*} · [Irene Torres, PhD](#) ^{e,†} · [Muhammad Naveed Noor, PhD](#) ^{b,†}
[Jesse B Bump, PhD](#) ^{&‡} · [Seye Abimbola, PhD](#) ^{h,‡} [✉](#)

[Affiliations & Notes](#) [Article Info](#) [Linked Articles \(3\)](#)

Research

BMJ Global Health

Who is telling the story? A systematic review of authorship for infectious disease research conducted in Africa, 1980–2016

Rose Mbaye,¹ Redeat Gebeyehu,² Stefanie Hossmann,³ Nicole Mbarga,^{4,5} Estella Bih-Neh,⁶ Lucrece Eteki,⁷ Ohene-Agyei Thelma,⁸ Abiodun Oyerinde,⁹ Gift Kiti,¹⁰ Yvonne Mburu,¹¹ Jessica Haberer,^{12,13} Mark Siedner,¹⁴ Iruka Okeke,⁹ Yap Boum ^{7,15}

Epistemic injustice

- **Epistemic injustice** is being wronged in your capacity as a knower, because of who you are.
 - **Testimonial injustice** is not being believed due to identity
 - **Hermeneutical injustice** is lacking the concepts to understand one's own experience

- *Miranda Fricker 2007*

VIEWPOINT · Volume 9, Issue 10, E1465-E1470, October 2021 · *Open Access*

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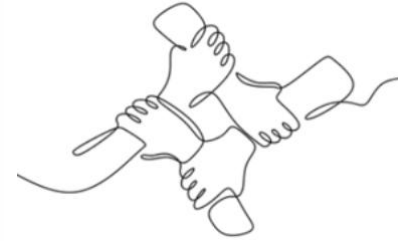
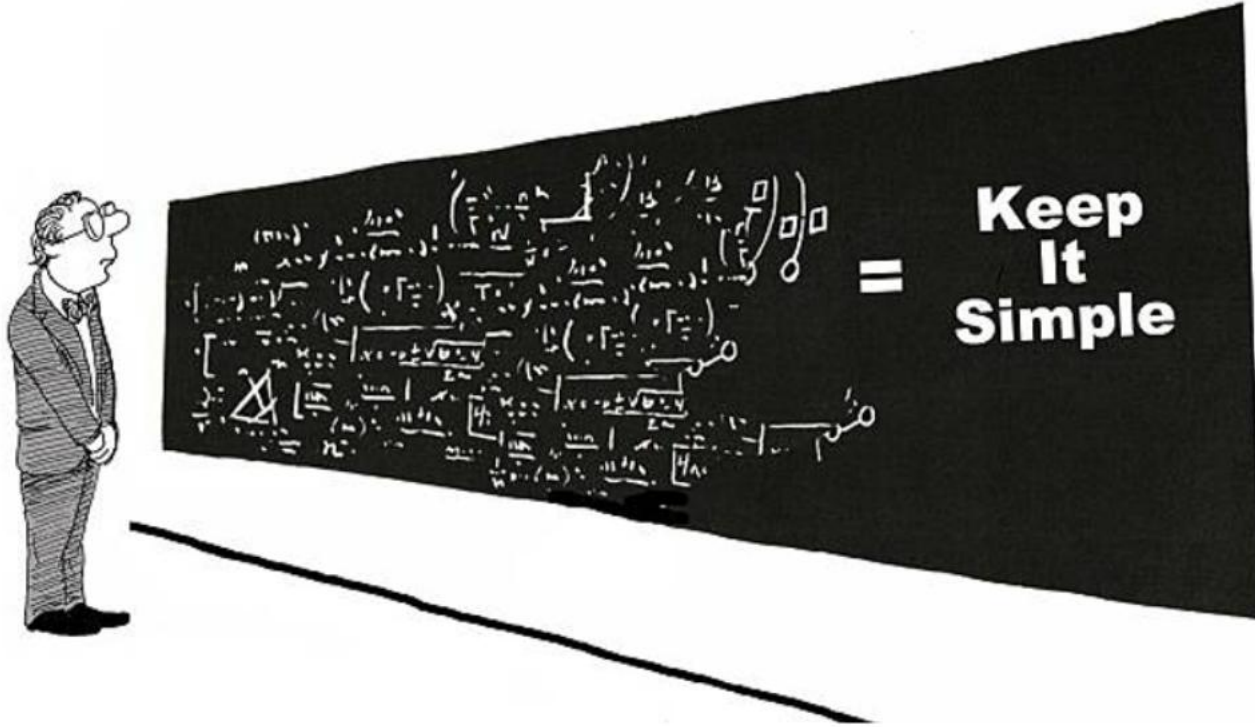
Epistemic injustice in academic global health

[Himani Bhakuni, PhD](#) ^{a,b,t} [✉](#) · [Seye Abimbola, PhD](#) ^{a,c,t} [✉](#)

[Affiliations & Notes](#) [Article Info](#) [Linked Articles \(1\)](#)

The screenshot shows the website for the International Journal of Public Health. At the top, there are navigation links for 'All Journals', 'All articles', 'Society', and a 'Submit your research' button. Below this, the journal's name and other navigation options are visible. The main content area features a 'Published in' section with a cover image of the journal, its name, and impact factors (3.2 and 5.1). To the right, a 'COMMENTARY' section is highlighted, showing the article title 'Expanding equity horizons in knowledge sharing: How can global health journals level up?' and the authors: Shashika Bandara ^{1*}, Carmen Sant Fruchtmann ^{2,3}, and Nandi Joubert ^{2,3}. Other authors listed include Lucienne Zinsstag ^{2,3}, Ananya Banerjee ⁴, Isabel Munoz Beaulieu ⁵, Moses Tetui ⁶, and Vivian Qiang ¹.

How and where to start?



Goals for the day!

Fact 4: We can do something about it!

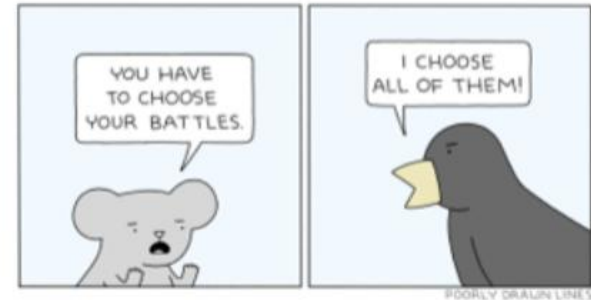
Goal 1

Learn about the challenges and opportunities in global health



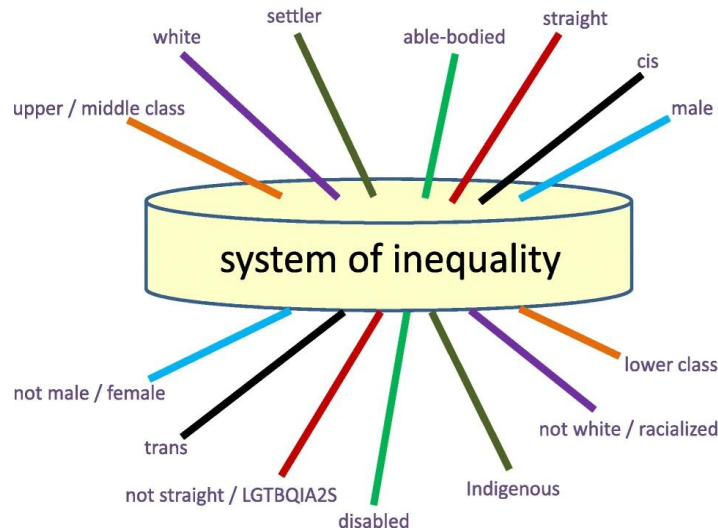
Goal 2

Examine pathways and commit to shifting the status quo.



As long as we continue to learn and stay open for change!

Privilege and positionality



Each of the following systems of inequality* (or coins) intersects with the others to co-constitute inequalities:

- classism
- racism
- settler colonialism
- ableism
- heterosexism
- cisgenderism
- sexism

*These examples do not represent all systems of inequality; e.g., other coins not presented here include systems of inequality related to age, religion, accent, or shade of skin.

Top of the coin

- You have advantage others do not
- You did not earn it
- You have it because of who you happen to be

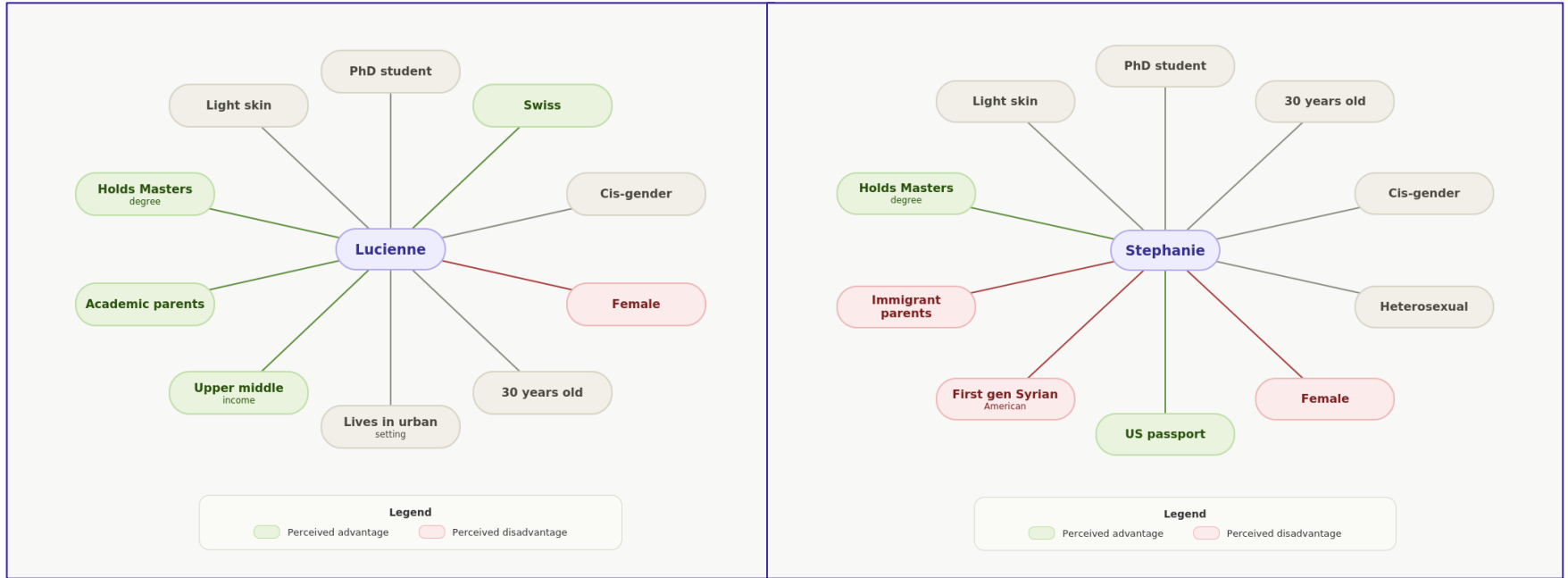
The coin

- The social structure that produces and maintains inequality
e.g., sexism, racism, ableism

Bottom of the coin

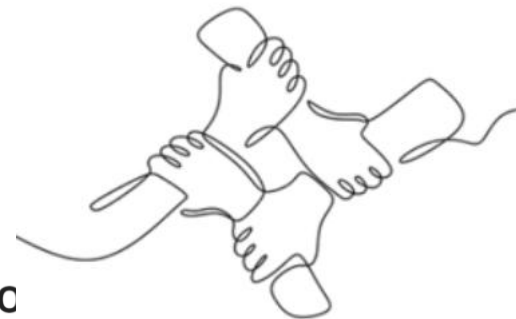
- You have disadvantage others do not
- You did not earn it
- You have it because of who you happen to be

My privilege and positionality is also context-dependent



What about YOU?

So... what about our institutes?



OPINION


How to prevent equity efforts from losing steam in glc health academia

Shashika Bandara , Ananya Tina Banerjee

Published: March 8, 2023 • <https://doi.org/10.1371/journal.pgph.0001656>

1. **Listening is necessary but not sufficient**
2. Avoid the 'defensive crouch' when facing criticism
3. **Equity building: More than a collage of diverse faces**
4. Care for those who care for your community
5. **Put money behind pledges**
6. Communicate your wins, your losses, and your timelines

Allyship by the global north!

Blue pill version of global health education – The Colonial Lens	Red pill version of global health education – The Decolonization Lens	Resources
Reinforces ‘White savior industrial com-	Combats the “white savior industrial	Banerjee et al., Lancet, 2023
plex’ r as a ch save th accou	 <p>THE LANCET</p> <p>This journal Journals Publish Clinical Global health Multimedia Events About</p> <p>COMMENT · Volume 404, Issue 10464, P1711-1713, November 02, 2024 Download Full Issue</p> <p>Shifting power in global health will require leadership by the Global South and allyship by the Global North</p> <p>Madhukar Paj^{a,b} ✉ · Shashika Bandara^a · Catherine Kyobutungi^c</p> <p> </p>	GH, 2020 PH Blog,
Focus bio-m conne and hi		Lancet, 2023 PLOS
Emph unities (LMIC inequi (HICs deficit or exp		015 Lancet GH, Lancet, 2023
Minin power the field of global health or the need to decolonize the field	health. Pushes academic institutes to commit to decentralizing global health	Kyobutungi, PLOS Med, 2021

[Can we unplug global health education from The Matrix? S. Bandara et al., 2025](#)

Summary

FACT 1

We are in an era of polycrisis

FACT 3

Global North and privileged actors hold power

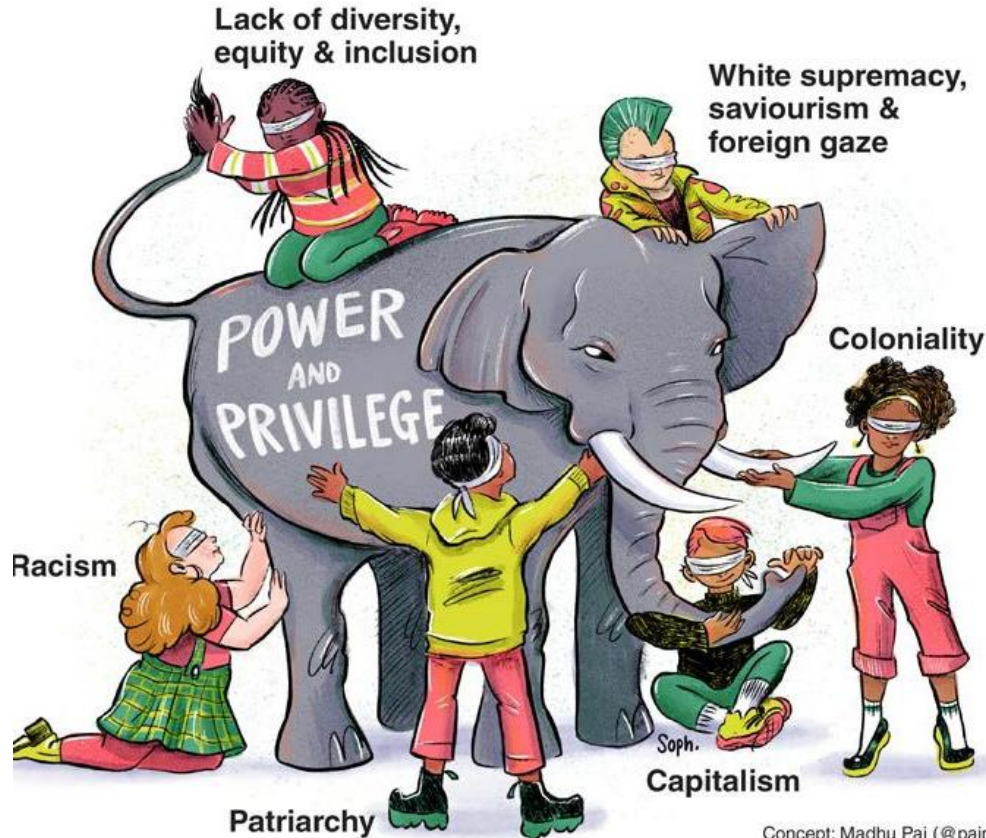
FACT 2

Global health is founded by colonialism, and continues to be affected by its legacies

FACT 4

We can do something about it

Protecting Science, Protecting Health = Reimagining Global Health



Concept: Madhu Pai (@paimadhu)
Art: Sophie Lane (ScEYEnceStudios.com)

Some reading material

- [Shifting power in global health will require leadership by the Global South and allyship by the Global North](#)
- [Can we unplug global health education from The Matrix?](#)
- [The Foreign Gaze: Essays on Global Health](#)
- [As Fractures in Global Health Deepen, Combating 'Othering' Is a Must](#)
- [Why should we be concerned by internalised racism in global health?](#)
- [Double Agents In Global Health](#)

Courses available

- [Cultural Sensibility in Research at the University of Basel](#)
- [Reimagining Global Health at the McGill University Summer Institutes in Global Health](#)



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**What does reimagining
global health mean to
you now?**

Thank you for your attention

Stephanie Khoury and Lucienne Zinsstag

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lucienne.zinsstag@swisstph.ch

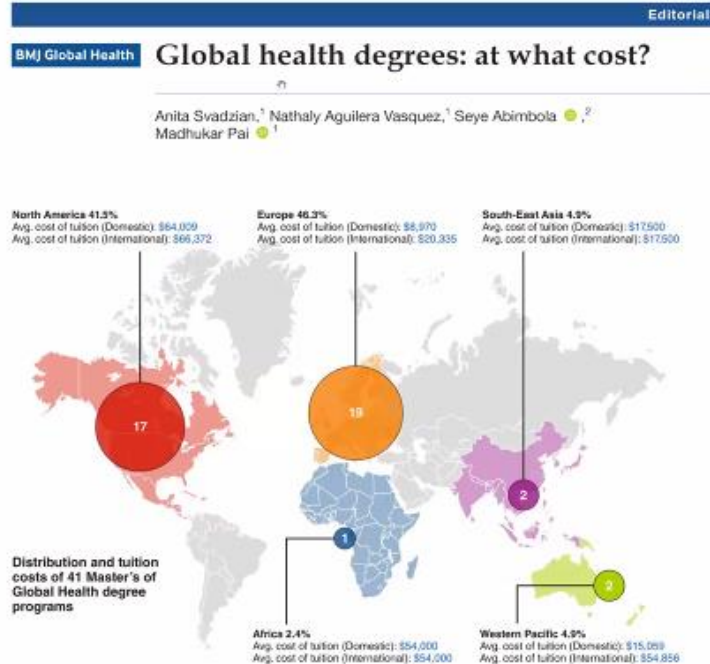
Appendix



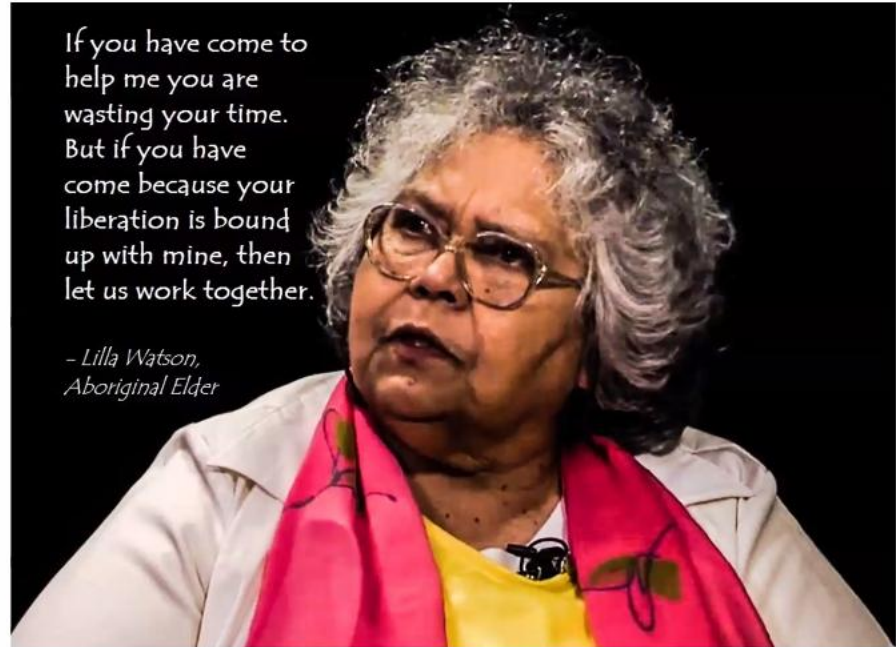
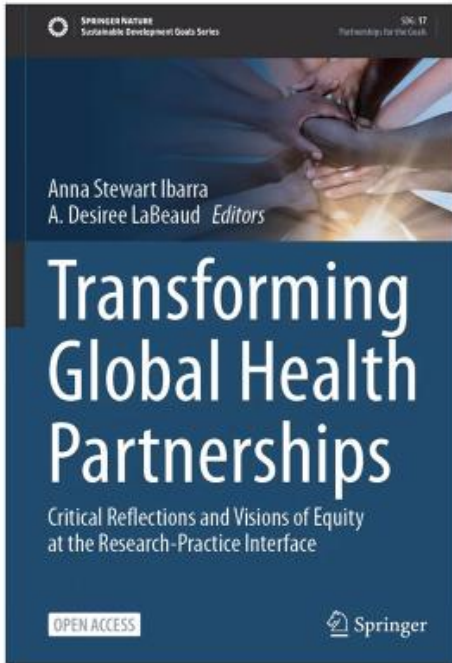
Mark Curtis & Tim Jones (2017). How the World Profits from Africa's Wealth. Honest Accounts, Committee for the Abolition of Illegitimate Debt <https://www.cadm.org/honest-accounts-2017-how-the-world>

Where are global health degrees offered & for whom?

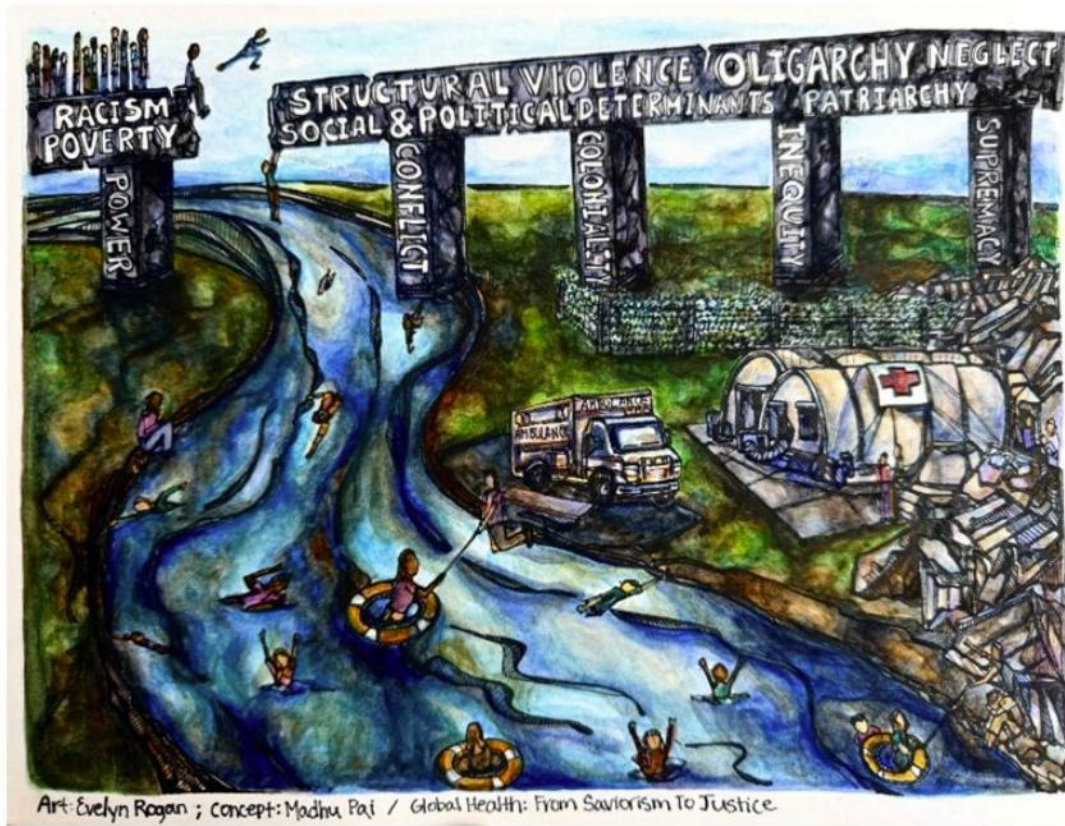
95% of Masters programs are in HICs



Svadzian A et al. *BMJ Global Health* 2020



<https://link.springer.com/book/10.1007/978-3-031-53793-6>



Global health: the long road from saviorism to justice -
Speaking of Medicine and Health

CHELSEA CLINTON
DEVI SRIDHAR



**GOVERNING
GLOBAL HEALTH**

WHO RUNS THE WORLD AND WHY?



**THE FOREIGN
GAZE**

Essays on Global Health

Seye Abimbola

Edilio



Rethinking Global Health

Frameworks of Power

Rochelle A. Burgess

CRITICAL APPROACHES TO HEALTH



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