Action for Global Health Submission
International Development Committee Inquiry on the Philosophy and Culture of Aid
Sub-Inquiry on Racism in the Aid Sector

1. Introduction

Action for Global Health (AfGH) is a UK-based network of more than 50 organisations working towards a world where the universal right to health is realised. AfGH acts as the coordinator between the UK government and global health civil society, convening regular meetings and sharing learning from across our network. We welcome this opportunity to submit evidence to this important inquiry and the Committee's emphasis on grounding this conversation in an understanding of the UK's historical processes and colonial legacy. As a network based in the global north, we recognise the limitations of our perspective and evidence and so encourage the Committee to proactively reach out to and engage with global south organisations directly in this inquiry. Our evidence will focus on distribution of power and resources, language and narratives, and diversity and inclusion.

2. Structure of the Aid Sector

What are the historical processes that have led to countries and organisations from the global north dominating the international aid sector?
What are the practical implications of the concentration of funding and resources in donors and international aid organisations from the global north?

2.1 The UK's history of colonialism has multiple, complex impacts on the concept, provision and funding of aid today. As it is rooted within white supremacist and euro-patriarchal constructs, and the subsequent erasure of history and culture in various regions in the world, we need to deeply question the current ways aid is defined and delivered to identify and avoid perpetuating these legacies. This is particularly important in relation to (but not limited to) the distribution of power and resources, the production and use of knowledge, and language and narratives around aid (see 3.2).

2.2 Distribution of power and resources and the production and use of knowledge

2.2.1 The UK's distribution of ODA reinforces the legacy of imbalanced power and resourcing. AfGH's *Stocktake Review* of the UK's work on global health found that, in 2018, 93% of health ODA channelled through international NGOs and 95-96% of health ODA channelled through the private sector went to health organisations based in the UK. There is lacking transparency in how much of this spend is then channelled to local organisations. Additionally, whilst organisations based in the UK have a role to play in supporting in-country work in low and middle-income countries, it is essential we ask ourselves if the current balance of funding is the right

one, or whether some of these trends are in fact undermining UK efforts to contribute to global health goals and in the UK government's assertion to leave no one behind. Community-based and local health programmes and interventions are critical to sharing trusted, accessible public health information and providing essential health and preventative services. However, grassroots organisations also need greater support and flexibility from donors, which the current aid rules and restrictions clearly fail to accommodate, and acts as a disincentive to change.

2.2.2 There are deep-rooted power imbalances within the governance structures for multilaterals, in terms of global north/south representation, the distribution of decision-making powers and knowledge-sharing/ownership. It is vital that UK Aid recognises the need to adapt the formal and informal structures of organisations to centre and shift power to local and community leadership. We recommend that the UK reconsiders the current top-down approach of aid via multilateral and bilateral partnerships. The COVID-19 pandemic has provided an opportunity to review these processes, with the shift to virtual meetings meaning that it is easier to facilitate community voices speaking directly at the table.

2.2.3 AfGH recommends that the governance of aid is centred around these changes, so that governance structures reinforce an equal distribution of knowledge production and power and avoids reverting to historical and harmful practices.

3. **Racism in the Aid Sector**

Why do we need to have a discussion about racism in the aid sector?
What are the practical implications of racism in the aid sector?
How can aid actors be actively anti-racist?
How does the language used by aid actors relate to discussions around racism and power dynamics?
What steps should the UK Government take to address racism in the aid sector?
How could a systematic approach to tackling racism help to strengthen relations between aid delivery organisations and the communities where programmes are delivered?

3.1 The experiences, dynamics and definitions of race, ethnicity and cultural identity are intersectional, diverse and often vary in each country context through to individual communities. Racism and colonial dynamics are not only 'north-south' but exist within countries and across regions.

3.2 The manifestation of historical colonial thinking into today's language and narrative has resulted in the reinforcement of inaccurate and harmful stereotypes – particularly outlining Africa as 'poor' and 'needy'. Indeed, the 'rescue' paradigm has become so pervasive across Europe and North America it has served to perpetuate racist attitudes across all spaces of society. This language around 'helping' is steeped in power dynamics of control, anti-empowerment and country ownership. This language is disempowering to local communities, can serve to homogenise contexts (which can

serve to undermine and erase the differing issues experienced by varied groups of people) and uses 'othering' language; as if the health challenges we focus on are exclusive to certain contexts or groups, whilst the COVID-19 pandemic has highlighted quite the opposite to be true.

3.3 Racism in the aid sector also pervades through inequitable contract terms and treatment between 'internationals' vs 'nationals/locals/communities', for example through differences in FCDO fee rate definitions of what constitutes an international or national expert and differences in salary. This can lead to the lack of inclusion of lived experience in planning and validity in epistemological approaches. As a result, this creates an over-simplification and misrepresentation of the issues being addressed under a blanket of homogeneity and serves to actively silence and exclude voices, complexities and intersectionalities, and – as a consequence – the most marginalised from aid.

3.4 The first, and most vital, step the UK Government should take to address racism in the aid sector is via the inclusion of global south experts and communities in dismantling and replacing the structures, power and language utilised. The Kampala Initiative has been conducting a six-month consultation on the alternative language and narratives for health aid, along with a deep dive on the consideration of aid concepts and structures and would be a recommended contact for the Committee and UK Government in its exploration to a more progressive and less harmful mode of approaching aid.

3.4 The reinforcement of racist and euro-patriarchal concepts serves to hinder the UK Government's development commitments. Indeed, the current notion of 'Global Britain' would benefit from an inclusive approach to its pluralism that supports the differences in contexts and communities, which – in order to be meaningful – can only be approached via a community-led lens from planning to delivery and post-project governance. This approach will also strengthen relationships between aid delivery and communities and increase the likelihood of programmatic success.

4. **Diversity and Inclusion**

How diverse is staffing within international aid organisations? Does this change at different levels of seniority?
What actions have international aid organisations taken to promote diversity and inclusion and what impact have these had?
What actions do international aid organisations still need to take to promote diversity and inclusion?
What actions should donors such as the FCDO take to promote diversity and inclusion in the organisations they fund?

4.1 Firstly, organisations need to define what we are aiming for in addressing racism and ensuring organisational inclusivity and equity, and how this will be monitored. Without a shared understanding at organisational/sectoral levels, it will be difficult to set

pathways for bringing about significant change. In collaboration with our host organisation, STOPAIDS, Action for Global Health reviewed our recruitment practices and took a number of steps to reduce unconscious bias and remove barriers that may prevent people of colour and those from marginalised communities from applying for roles. For example, we limit job descriptions and person specifications to those that are necessary for the effective performance of the job, 'blind applications', advertise opportunities in places where applicants from underrepresented groups will be able to easily view or access it and ensure that the recruiting team have diverse representation to avoid unconscious bias. Continual monitoring is necessary to evaluate and embed these approaches. Additionally, and if not effectively managed, white supremacy and white fragility can be a significant barrier to progress on diversity and inclusion.

4.2 Diversity and inclusion needs to include a meaningful understanding of 'diversity' – one that truly brings in the perspectives of those an organisation is working to serve, and puts them at the centre of decision-making, delivery and accountability. Action for Global Health recognised that this had not previously been embedded into our work, and as part of the process to develop our new strategy for 2021-2024, we have recruited a Key Stakeholder Advisory Group. This group is responsible for ensuring that our key stakeholders, those whose right to health is not realised and those without access to quality healthcare, are meaningfully involved in our strategy development process. This is only the first step – we are also working with the Key Stakeholder Advisory Group to develop our thinking in terms of how we can integrate this approach into our activities in the longer-term and mainstream the meaningful involvement of key stakeholders as a core approach of our work.

4.3 It is worth noting that decision-making has tended to exclude people in countries affected, including through conferences and events often based in the global north. There has been a noticeable positive shift in terms of inclusion with the move to remote meetings during COVID-19, and there is an opportunity to maintain some of this success beyond the pandemic.

4.4 Whilst important, we need to ensure that diversity and inclusion is not seen as the sole solution to racism in the aid sector. The issues explored above and elsewhere are more nuanced, intersectional and interrelated than north/south dynamics, so we need to ensure they are not reduced to this level.