



Equalising the Power?

A Scottish Council on Global Affairs Insight

Challenges surrounding the Scottish approach to global health

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About Us



The **Scottish Council** on **Global Affairs**

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The Scottish Council on Global Affairs (SCGA) is the first all-Scotland international relations institute providing a hub for collaborative policy-relevant research and a home for informed, non-partisan debate on all areas of international relations and global politics broadly defined.

The Founding Partners are:

- The University of Edinburgh
- The University of Glasgow
- The University of St Andrews

The Council provides a convening space to bring together the public, private and not-for-profit sectors

with civil society and academic expertise to encourage dialogue, debate and the dissemination of expertise on issues of global importance.

It looks to forge new relationships and deepen existing ties with universities and civil society in the rest of the United Kingdom as well as with centres of expertise in Europe and across the world.

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Background

The Scottish Government is articulating an agenda of 'equalising power' in its international development relationships, informed by a human rights-based equalities approach, its feminist foreign policy stance and gender mainstreaming, and decolonisation agendas.

Over the last decade, the Scottish Government has articulated an increasingly coherent international development strategy of 'global citizenship', aligning with the Sustainable Development Goals, and identifying health as a key area in which Scotland would seek to contribute (Scottish Government 2016).

In 2018, this approach led to the establishment of the NHS Scotland Global Citizenship Programme, which aims to strengthen healthcare in low and middle-income countries (LMICs) via partnerships involving Scottish NHS practitioners. Through the Global Citizenship Programme these practitioners mentor staff in LMICs, provide remote support, and volunteer overseas (Fergusson and McFarlane 2021). The Scottish Government describes its approach as focussed on collaborative partnership-working, entailing equality of relations, and engagement and participation at all levels and within all sectors (Scottish Government 2016, p.9). The Global Citizenship strategy describes Scotland's collaborative

partnership-working model as 'internationally praised' and 'unprecedented in world terms' (Scottish Government 2016, p.4, p.6).

More recently, the Scottish Government has also sought to reflect global developments in the discourse around equality and justice – specifically the need to critique structural racism and inequality with regards to the 'white gaze' of international development. The Scottish Government cites these imperatives as informing a need to 'refresh' its international development contribution (Scottish Government 2021, p.5, p.18).

The 2021 'refreshed approach' aims to lay down the foundations for more partner country-led efforts, amplifying Global South voices and committing to equality, inclusion, and diversity.

Background (contd.)

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The approach has included the establishment of a Global South Programme Panel to 'shift the power' in the funding relationship; revising funding criteria to allow partner country organisations to apply directly for funding; creating new long-term Global South-directed partnerships; and, reflecting the global health needs highlighted by the COVID-19 pandemic, concentrating on making health systems and infrastructure stronger for all (p.8, p.10). In keeping with the 'refresh', the NHS Scotland Global Citizenship Programme has sought to kindle conversations with its members around power relations in partnership working.

As of 2023, the NHS Scotland's Global Citizenship Programme will be the node of a new, funded Health Partnership Programme focused on 'high quality and effective global health partnerships, with reciprocal learning and mutual benefits between Scotland and our African partner countries' (Scottish Government 2023a). The Scottish Government is articulating an agenda of 'equalising power' in its international development relationships, informed by a human rights-based equalities approach, its feminist foreign policy stance

and gender mainstreaming, and decolonisation agendas. The Government seeks to position Scotland as a 'bridge builder between the Global South and North – including supporting and encouraging advocacy by, and in support of the global south', citing its stance at COP26 and in relation to vaccine equity (ibid.). The new Global South panel has been lauded as a 'world first' by UN Women in Malawi (ibid.). At the same time, panel members have offered critique regarding the language of 'shifting the power', for its 'negative connotations as it implies the Global South has no power of its own', leading the government to now adopt the term 'equalisation agenda' to describe its emphasis on 'local voices and involvement' (Scottish Government 2023b).

Scotland's efforts to carve out its own distinctive international development and global health agenda need to be considered part of its competitive international relations agenda vis-à-vis the UK (Alexander 2013). It is an illuminating case in assessing how national-level decision-making is feeding in to key global health agendas such as equality and justice between partners.

Key Findings

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The studies reviewed demonstrated that Scottish global health practices have not always been consistent with an egalitarian collaborative partnership-working approach or with the 'refresh' regarding the need to dismantle structural racism and the equalisation agenda.

- The overwhelming majority of interventions described in the studies focused on capacity building and transfer of knowledge in the partner country, with Scotland/Scottish actors as the source of expertise or standards. Other interventions involved infrastructure development, human resource transfer or direct healthcare provision. No interventions involved solely the transfer of funding or material goods.
- Study authors frame global health work undertaken by Scottish actors as arising due to moral obligation and the duty to help, e.g. '[health] partnership working is an ethical and appropriate response to the moral imperative to tackle global healthcare injustice' (Fergusson and McFarlane 2022, p.49). However, sometimes this narrative transitioned into notions of saviourism: 'in face of the African debt burden, the human immunodeficiency virus (HIV) problem, and a continual stream of negative media stories to emerge from Africa, we felt "doing nothing" was no longer an option' (Neville et al. 2007, p.53).



04. Key findings (contd.)

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- Study authors repeated hagiographies of the Scottish medical missionary David Livingstone as a premise for global health work, discussing this history as reflective of friendship and generally positive links between the countries; 'Malawi is very much a Scottish country because of the early presence of the Scots Mission here.... Malawi is a Scotsman's country. The friends we knew and lived with are people who, though they've retired back to Scotland, are people who are in spirit with us here' (Ross 2014, p.311).

There were also critical voices amongst the studies, e.g. Walsh (2020) notes that 'saviourism and the hero narrative centre the identities of oppressors, as part of a history of the West, without identifying or giving voice to those who are apparently being saved, as in the case of Livingstone... It is this historical deceit, and the narrative of glory that continues to support it, that needs to be dismantled if we are to create new relationships based on equality' (p.11).

- There was disparaging of the donor-recipient model of international development by study authors. In the case of Neville et al. (2007)'s twinning project, the ideal partner was perceived as local publicly funded health clinic rather than a private or NGO clinic, which they characterised 'invariably ha[ving] an agenda, including one-way receipt of more aid, or the optimistic hope that we had come to pay off their debts' (p.54). Nonetheless, some Scottish actors presented their work in the charity model to mass audiences, based on their interpretation of what their audience wanted, e.g. 'people had collection buckets, and called out to the public "give money for Malawian orphanages"' (Wilson, 2018, p.68).
- Authors envisage Scottish efforts to be built on friendship, respect and collaboration, entailing local-local partnerships and 'seek[ing] to forge a new model of international relations', rejecting the model 'where authority and initiative [lay] entirely at the Scottish end' and heading toward a new type of partnership 'grounded in mutual respect and commitment to learn from each other' (Ross 2014, p. 317). Yet this was belied by reliance on a donor-recipient model of knowledge and expertise, with the vast majority of interventions described in these studies being, as noted above, capacity-building projects in which Scottish actors were presented as the source of expertise or standards, e.g. attempting to ensure that 'the standard of [a medical] exam in Malawi was comparable to that given to UK students in Edinburgh' (Baig et al. 2008, p.4) or that Scotland's 'water-related knowledge is shared with developing world nations' (Greig and Faichney, 2022, p.137).

04. Key findings (contd.)

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- In keeping with the capacity-building emphasis of the interventions, most benefits captured by the studies focussed on the benefits to the partner countries rather than to Scotland. However, there were a few instances where more bi-directional learnings were captured, for instance “global health experience can be of direct benefit to remote and rural patients in HIC settings, who require from their healthcare professionals a style of practice that is much more common in a LMIC” (Fergusson and MacFarlane, 2002, p.52).



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05. Symposium Report

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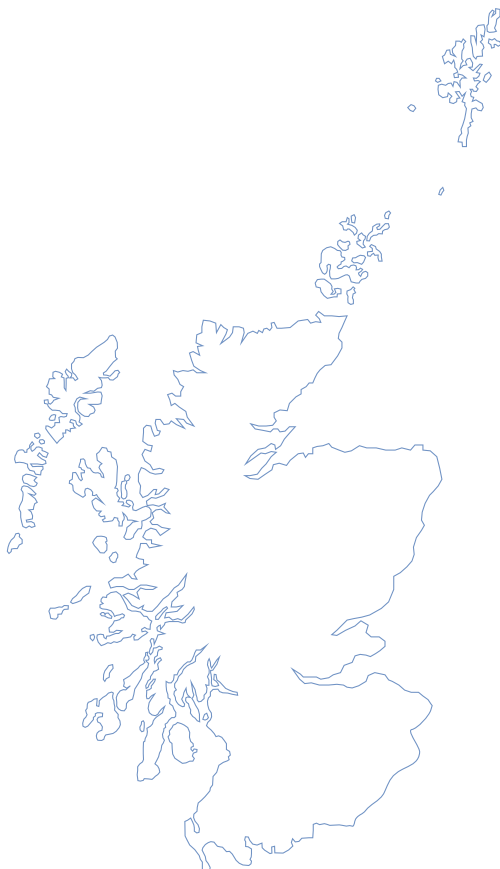
In July 2023, a symposium was held sharing the findings of the research with 22 academic, policy and practitioner stakeholders in which the implications of the findings were explored, with space for wider discussion around Scotland's role in global health among symposium attendees.

Symposium participants were provoked by the findings of the review, particularly the continual recitation of the problematic origin myth regarding Livingstone.

One participant, a public health practitioner from one of the international development partner countries now working from Scotland, described this as 'one of those elephants in the room in some of the discussions'.

A discrepancy was noted between the Scottish Government's publication of its 'refresh' and commitment to an 'equalisation agenda' at the same time that its website on the Malawi development programme still begins 'Malawi is one of the world's poorest countries and our collaboration with the country dates back to the work of Dr David Livingstone more than 150 years ago...' (Scottish Government 2023c).

Participants discussed the way in which language is a measure of the maturity and equity of partnerships. This includes being careful about a language around capacity deficits or gaps, for instance where knowledge is seen as (only) moving from Scotland to the partners or where gaps and areas for improvement in the Scottish healthcare system are not acknowledged or opened as a point for collaborative reflection.



06. Summary

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Scotland's willingness to be having a conversation about 'power shifting' and 'equalisation' is highlighted as unusual and distinctive: the review of the Scottish Government's approach to international development was characterised as explicit in terms of structural racism and the white gaze, which was presented as a point in contrast to other contexts.

There is also a commitment to work through the 'messiness' of the implications of such shifts on the operational level. However, the position of deferring the

'equalisation agenda' to these messy, open, frank conversations will need close critical assessment in terms of substantive delivery.

While critical social scientists often position their vantage point as one of an external interlocutor of global health work, it would be helpful if they did not self-exclude from those debates, as they could have a great deal to contribute to Scottish actors' gravitation towards implementation of 'power shifting' or the 'equalisation agenda' going forward.

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