Data Collection Form

We drafted questions that can be used by our group when we talk to stakeholders. These discussions will be the focus of our case studies within the white paper. We envision 4 to 6 discussions total, and that stakeholders can be determined by each institution but shared with our group for the purposes of writing and identifying general themes. We suggest a diversity of perspectives which can range from individuals to organizations, but that the majority of stakeholders be based in and from the Global South.

Intro to stakeholder discussion: Thank you for speaking with us today. We are actively brainstorming ways that we can go about our work in global health more equitably, responsibly, and honestly. We want to chat today about ways that you might be thinking about this. Are you comfortable with your name being associated with this work, or do you prefer to remain anonymous? **Do you have any questions?**

If you expect no more than an hour with stakeholders, be sure to ask **the bolded questions**, and then ask additional questions if more time is available.

***NOTE**: For every stakeholder, please make sure to ask if they have any questions about this work, and also preferences related to word choice or terminology. If they state these preferences, please use them to modify the questions we have drafted. Examples of these preferences may be related to use of terms such as 'aid,' 'donors,' 'Global South,' or 'decolonization.' We anticipate that wording of questions will be different with different stakeholders, so the questions are less of a script and more of a guide to be adapted to each conversation to convey key points.*

Broader context of global health/development and introduction to topic

- **Many individuals have noted the impact of unequal power dynamics in post-colonial partnerships and collaborations, including in global health. Some of the power dynamics and structures that impact this work are racism, sexism, and capitalism.**
  - **How do you see these power dynamics and structures play out in your work with global health and development partners?**
  - **What are ways that these power systems have been harmful? Beneficial? To whom?**
- In the past, our group has tried to come up with core principles for addressing the power imbalances we are seeing in global health (and development).
  - How do power imbalances shape decision-making in your organization? With funders? With external partners? With beneficiaries?
  - [clarification if needed]: One major problem we have recognized is that larger international groups are often funded over small and local groups because they have more infrastructure to lead programs. It has nothing to do with expertise.

Programmatic implementation and day-to-day work in organization

- **In what ways do you see power imbalances within partnerships impacting program implementation?**
  - Can you share an example from your professional life? What power imbalance was at the root of the problem?

- Where do you see these challenges originating in the global health program cycle?
- What could be done to address the root causes of these issues?

- **Many-**partnerships include **organizations based in the Global North and South. How would equal partnerships look? Can you give an example of when you've seen this?**
- **What kind of communication and relationship would you like to see between Global South and Global North organizations?**
- **What skills, if any, do Global South partners (or your organization) need so that they can advocate and negotiate better with funders? With their Global North partners?**

- **What are the specific barriers and challenges you have encountered in your work with funders? With Global North partners?**
- **What would have helped, or has helped, to address these barriers?**

- How do we engage funders to:
  - Begin making changes within current systems
  - Make changes to the systems themselves
  - Many organizations, just like ours, both receive and give grants and funding. How can we do that more responsibly?

Ways in which power imbalances have been addressed in the past

- In the past, organizations have developed various strategies to address power imbalances at the organizational level. Many have initiated internal efforts to combat discrimination, increase diversity, and create an equitable environment in their leadership and workplace culture. In the United States, we refer to this work as diversity, equity, inclusion, and accessibility (DEIA) but we recognize that in other contexts, similar efforts may have different names.
- How (if at all) has your organization engaged in this work?
- What does your organization call these efforts? Are you familiar with the term diversity, equity, inclusion, and accessibility (DEIA)?

- If relevant, how has your organization defined this work?
- How did this work come about?
- How do you see it relating to power dynamics in post-colonial partnerships (the legacy of colonialism)?

- **What has your organization done to combat discrimination, increase diversity, and create an equitable environment in their leadership and workplace culture / address DEIA?**

- **Did you see any concrete impact on inequity in the workplace?**
  - If not, what improvements would you like to see? What were the challenges?
  - If your organization hasn't done anything, what would you like to see?
- **Often, we think about power imbalance, in the form of external groups or influences leading and funding programs in the Global South. Localization is a term some use to describe policies and practices to re-center work in countries to be led by local leaders and actors. This is an effort many organizations are working toward, including funders.**
- **How have you seen localization play out in your own work?**
- **Who 'led' localizing efforts? Where were these individuals from?**

- **Some actors fear that this can reinforce the same power imbalances we are currently facing. This is often done with 'local' support, but without 'local' leadership and expertise.**
  - **In your work, where has the external voice or decision-making come from? Whose voices and expertise were valued? Devalued?**
  - **Why and how did those individuals end up in leadership positions?**
  - **Who did not hold power? Why?**

<u>Conclusion</u>

- Finally, we want to think about actionable next steps that we all can take as actors in the global health space to address power imbalances and work more responsibly and equitably.
  - **What actions do you think would help to shift power towards smaller, local organizations?**
  - How feasible do you think it is for your organization to take these steps?
  - **Do you anticipate any barriers or constraints? If so, what are they?**