

WORKING PAPER DECEMBER 2024 TO CONNECT A SYSTEM TO MORE OF ITSELF

Seye Abimbola

# Chapter 11. To connect a system to more of itself

Seye Abimbola

Working Paper, November 2024 to

The Expert Group for Aid Studies (EBA)

This paper is a chapter in the EBA report Anthology of trends and perspectives on global health 2024:09 (En antologi om trender och olika perspektiv på global hälsa 2024:09). This is the original English version of the chapter. In the anthology, this chapter has been translated to Swedish.

Please refer to the present report as: Abimbola, Seye (2024). To connect a system to more of itself. In M. Ahrne and J. Sundewall (Ed.). An anthology of trends and perspectives on global health 2024:09, pp 268-287. Working Paper November 2024 The Expert Group for Aid Studies (EBA), Sweden.

This report can be downloaded free of charge at www.eba.se

Cover design by Julia Demchenko

**Seye Abimbola** was born and raised Nigeria. He is a medical doctor, and an associate professor at the University of Sydney, Australia. He has lectured, researched, and written extensively on learning and governance in health systems, and on knowledge practices and epistemic injustice in global health. He was awarded the Prince Claus Chair in Equity and Development at Utrecht University, the Netherlands (2020-2022). His research on dignity-based knowledge practices in global health is currently supported by an award from the Australian Research Council (2023-2025). He was the editor in chief of BMJ Global Health (2015-2024). "To create a healthier system, connect it to more of itself [...] so that it can learn more about itself from itself."

Margaret Wheatley, 2001

"Whatever white people do not know about Negroes reveals, precisely and inexorably, what they do not know about themselves."

James Baldwin, 1962

### On chances and encounters

In December 2017, I was a guest of the World Health Organization at the Universal Health Coverage Forum held in Tokyo, Japan. The forum was jointly organised by the Government of Japan, the World Bank Group, the World Health Organization, United Nations Children's Fund, the Japan International Cooperation Agency and the advocacy network UHC2030. There were representatives of bilateral and multilateral agencies in attendance, philanthropic organisations, and civil society groups. Governments from around the world were well represented, too. There was a contingent from the Nigerian government, from its Ministry of Finance and its Ministry of Health. As for other countries. The idea was that the forum would serve as a platform to bring together senior officials in those two ministries, on the theory that if only each understood the other better in each country, Universal Health Coverage would have a greater chance of becoming a reality globally.

On the first day of the forum, when it was time for lunch, a queue formed, more by design than by default. I joined, looked ahead, and further along the queue saw a senior Nigerian government official. He had been a senior official in the Ministry of Finance in one of the richest states in Nigeria and had recently been appointed to a similar role in the federal Ministry of Finance. In Nigeria, if you don't come from privilege with the right connections, you don't get the chance to meet the most powerful people in government. Even if you meet them, you don't get to ask them questions. It was a rare chance to do so. I kept my eyes on him as I made my way up the queue. I got my food as quickly as I could, went to where he stood eating, and asked him the forum's central question: why do governments not commit to Universal Health Coverage? But I was more specific: "why has the Nigerian government not committed to Universal Health Coverage?"

His answer was revealing, mostly in retrospect. He was relaxed, but I sensed a defensiveness. He said that Universal Health Coverage was not a top priority for Nigerians; that they wanted other things more. I asked him what it was they wanted. He described the results of a poll conducted in the state where he used to work in the Ministry of Finance. People said they wanted a community hall for meetings, they said they wanted potable water supply, good roads, good schools nearby, they wanted food to be less expensive, they wanted jobs. They also wanted a functioning primary health care facility, but even that wasn't top of their list, he noted; a community hall for meetings was. I tried to push back. I asked how the data was collected and how the poll's question was framed. He did not know and did not think it mattered. What mattered was what would give electoral dividends, and from the poll, Universal Health Coverage wouldn't. Our time was up. His colleague, clearly a much more junior official who had been lurking all along, whisked him away from me.

It took me a while to understand the results of the poll. What came to me first, minutes after the encounter, was that people were describing what those of us who do public health would call the social determinants of health (Marmot, 2005). People were asking for Universal Health Coverage and more, but not in the language of elite academics and government officials. People know things before we name them in academic discourse and continue to know those things after we've placed our labels on them. Our framings limit our ability to hear what non-elite people say to us about their needs, realities, and worldviews. People at the periphery have their own ways of framing or interpreting things (Abimbola, 2023; Abimbola et al., 2024; Bhakuni & Abimbola, 2021). We inflict interpretive marginalisation on them when we fail to align our framing with theirs, privilege their framings, listen carefully, or when their interpretations aren't what shape analyses and interventions about them (Bhakuni & Abimbola, 2021). We visit credibility deficit on them when we give their words and accounts less weight because of our prejudiced notions about them as knowers (Bhakuni & Abimbola, 2021). Both credibility deficit and interpretive marginalisation underpin epistemic injustice, that is, the category of injustice done to a person or group in their capacity as a knower. Both often occur because of the gaze or audience to whom we direct our analyses or the rationale for our interventions (Bhakuni & Abimbola, 2021) - that is, not them, people at the periphery, but to ourselves or people like us at the centre. These two cognitive tendencies explain much of the disconnection between those of us who poll, research and analyse and the people whom we poll, research and analyse.

The second revelation took a few days. I kept wondering: why do people seem to prioritise, even want, a meeting place in the community? Why was that a thing? Then I remembered a study that I had conducted in Nigeria and published two years before the Universal Health Coverage Forum in Tokyo, Japan (Abimbola et al., 2016). From 2010 to 2013, I had worked at the national headquarters of the National Primary Health Care Development Agency in Abuja – the agency of Nigeria's federal Ministry of Health that is responsible for supporting local and state governments to strengthen their primary health care systems. At the office, I had noticed a stack of large paperboard box cartons in the corridor. They were all filled with something. I did not know what. Until one morning when I arrived at work and saw that rain had beaten several of the cartons and exposed their content. I saw A4-size papers jutting out, many of them bound together in what looked like ten-page booklets. The papers were photocopies of handwritten texts. I pulled some out. They were the minutes of community health committee meetings which had all been collected by officials of the federal agency during visits to communities, to facilitate their engagement in primary health care governance.

After reading a few of the minutes, I noticed some disconnect between how the committee members saw themselves and how federal government officials in faraway Abuja made sense of the committees. This chance encounter inspired me to collect the minutes directly from the committees so that I could analyse them systematically as part of my doctoral research. What I found was what helped me understand why people might prioritise a meeting place in their community. In the analysis, we identified five modes in which the committees may function (Abimbola et al., 2016). Mode I: as "village square"; a meeting place, a forum for community members to interact with and support the community's health system and initiate the spread of health information. Mode II: as "community connectors"; reaching out within the community to other groups and in other fora with health information and raising community concerns about the quality of services with health workers. Mode III: as "government botherers"; lobbying local or state governments for support, including support so that the health facility could conduct community outreach. Mode IV: as "back-up government"; augmenting existing government support by raising funds within the community and from NGOs for the health facility and for health outreaches. Mode V: as "general overseers"; taking control of service delivery, for example, by using revolving funds generated through user fees, and other contributions. We found that, often in the life of a community, each mode prepares the grounds for the next. Which means the most important mode is mode I. Hence, priority is given to having a community hall for meetings.

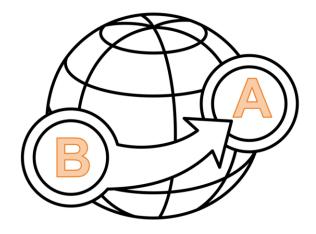
It was about connection. In response to the question asked in the poll, communities were saying that they wanted the government to invest in platforms to connect the community to more of itself (Wheatley, 2001); to connect the voice of a set of health system actors to the ears of another set of health system actors within and outside their community. Platforms to receive and share information, for public deliberation, and on which to initiate action (Sheikh & Abimbola, 2021). What happens between a government official and a marginalised community also happens within a community. A community is a social system. Whatever applies within any social system also applies, conceptually, within a community. Whatever applies within a community also applies, conceptually, in social systems at all scales. There are relations of power, class, and status involved. They breed distance and disconnection. The same unjust cognitive tendencies - credibility deficit and interpretive marginalisation - are at play within a community. A community hall for meetings - a platform to help move knowledge around - can bridge distance and disconnection (Abimbola, 2021). It is why the Universal Health Coverage Forum in Tokyo, Japan brought Ministries of Health and Ministries of Finance together; that is, the Ministry that controls the purse strings and the Ministry to deliver Universal Health Coverage. Whether or not it could be done on a foreign platform is another question.

#### On power and disconnection

What I have done so far is identify two types of distance – or disconnection. First, the one that exists between the people who poll, research, and analyse and people who are polled, researched, and analysed. After all, efforts to reduce inequities are enacted by people at a distance and from a position of power, on behalf of or alongside people with relatively less power. Working across such a physical or social distance means you know too little about what the person or group located across it knows, can know, their worldview, or how they make sense of a problem or its potential solutions (Abimbola et al., 2024). Think of two points, the centre and the periphery, with some distance between (Figure 1). The centre is a place or situation of power (B in Fig 1), from which analyses are typically done. The periphery is a place or situation of less power (A in Fig 1), on which analysis is typically done. The 'centre' has power, but the 'periphery' knows better. We assume that what works in place or situation B should work in or for A, so we impose it. We assume that a way of seeing the world in place or situation B should apply in or for A, so we apply it. As the African American writer James Baldwin said: "Ignorance, allied with power, is the most ferocious enemy justice can have" (Baldwin, 1998). Or the Nigerian writer Wole Soyinka when asked about the relationship of truth to power - truth being a corollary of knowledge, and falsehood a corollary of ignorance (Soyinka, 2002):

> "Truth and power for me form an antithesis, an antagonism... I can simplify the history of the evolution of human society as a contest between power and freedom... truth versus power. Truth for me is freedom, is self-destination. Power is domination, control, and therefore a very selective form of truth, which is a lie. The polarity between these two in fact forms for me the axis of human striving in the creation of an ethical society, [an] ethical community."

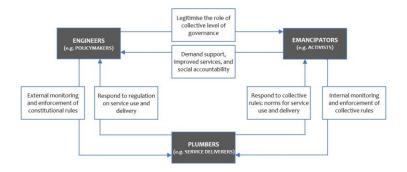
Figure 1. The distance across which global health efforts are enacted – between the centre (B) and the periphery (A)



Source: Abimbola 2024

There is another type of distance. The one that exists within a system. To think of how moving knowledge around within a system may promote equity, I often sort the actors involved into a "triangle" (triangle in the sense of a shape with three nodes and lines joining each node to the other two nodes); a "triangle" that American economists Larry Kiser and Elinor Ostrom had initially described as 'three worlds of action' (Kiser & Ostrom, 1982) - namely: governments or similar entities which tend to be big, powerful, and distant (let's call them engineers); community groups and civil society which are their best when functioning as activists as members of or on behalf of marginalised groups (let's call them emancipators), and practitioners of all kinds, in different sectors, responding to what the constitutional and collective actors want (let's call them plumbers) (Abimbola, 2021) - Figure 2. But the relations among these three sets of actors are not just about moving knowledge around. The relations are also about governance, about taking on complementary roles and responsibilities; they are about action, accountability, and responsiveness. Each node in the "triangle" has bidirectional relations with the other two. It was this "triangle" that framed my analysis of community health committees' role in Nigeria (Abimbola et al., 2016). A "triangle" has three axes of connection. First, the axis that links marginalised groups to often proximate practitioners (mode II: "community connectors"). Second, the axis that links often distant governments to marginalised groups (mode III: "government botherers"). Third, the axis that links the distant governments to practitioners - the failure of which triggers the need for mode IV ("back-up government") and mode V ("general overseers"). But it is mode I ("village square") that connects the community first within itself, that forms the basis of other connections.

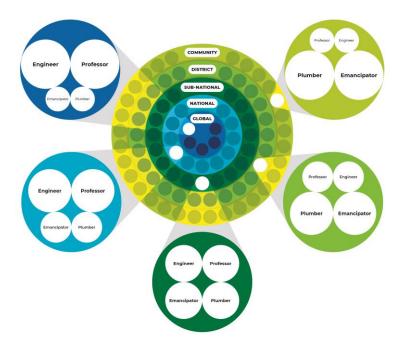
# Figure 2. A "triangle" of actors within systems and the bidirectional relationships among the actors



Source: Abimbola 2014

These actors exist at all scales of organisation - from the community to the district, the nation, and even internationally. But there is one more world of action or actors - that of the knowledge monger, the person or group that moves knowledge around, helping to connect the system to more of itself, especially when the other actors - notably, emancipators - need help doing so by themselves (Abimbola, 2021). Let's call them professors. They, too, exist at all scales of organisation. Figure 3 is a model of all the actors (i.e. professors, engineers, emancipators and plumbers) but with a focus on knowledge. It illustrates their relative significance, in relation to knowledge, based on proximity to people within local communities. The rings depict the scales of organisation in which actors may function. The circles inside the concentric rings are the spaces in which and across which knowledge is used. The closer you are to the "global" level, the larger the size of distant units of knowledge (i.e. engineers and professors), and the closer you are to the community, the larger the size of the proximate units of knowledge (i.e. emancipators and plumbers). But knowledge mongers need a platform through which to make and share knowledge. Think of a small community, say a village, where the town crier as a professor may use the marketplace or village square as a knowledge platform. Similarly, in a district health system, it may be data officials using data systems and dashboards as a platform, or journalists using the press and media, or academics using journals and the media to connect a system, whatever system that needs connecting, to more of itself. In any space one observes or enters, there are always agents of connection, sometimes as emancipators or as professors, even when they are difficult for an outsider or foreigner to see (Appiah, 2010).

Figure 3. "Professors", "engineers", "emancipators" and "plumbers" in a system and their relative significance based on proximity to people within communities



The circle in the middle illustrates five different levels of social organisation - the global level in the middle and the local community at the far end. The five circles around it are linked to a specific level of social organisation. The concentric rings show four categories of knowledge actors: 'professors', 'engineers', 'activists' and 'plumbers'. Their relative importance is illustrated by the size of the lighter circles inside the five circles - based on their proximity to people in the local community. The closer the actors are to the local community, the greater their impact and relevance in direct interaction with people.

Source: Abimbola 2021

The role of an outsider or a foreigner within a space where there are inequities must be to first understand the obstacles to connection that explain the inequities. Inequities thrive when a system is fractured within, when it is not connected to all of itself, when it marginalises parts of itself, when the people and channels, the professors and platforms whose role it is to move knowledge around – and, by extension ensure and promote accountability – are obstructed, occluded, ignored, starved of resources, or even absent. To the extent that inequities are a connection problem, an information and accountability problem, then the task of development aid – however construed – is to function in such a way as to help to connect a system to more of itself. The administrators of development aid – whether domestic or international – must therefore understand its function primarily in those terms. They must also avoid doing

development aid in ways that disconnect a system from parts of itself (among engineers, plumbers and emancipators) or in ways that encourage or exacerbate the disconnection between a system's professors (those who poll, research, and analyse) from the rest of the system. Especially the marginalised parts of the system, those actors who are closest to action and least powerful, often the emancipators and the practitioners; actors who, given credibility deficit and interpretive marginalisation, tend to have their dignity as knowers violated.

In this formulation, there is also centre and periphery. The centre has power, and the periphery knows better. At the centre are engineers and professors: they are subsidiary actors who often treat themselves as if they are the primary actors. At the periphery are emancipators and plumbers: they are primary actors who are often treated as if they are in fact subsidiary actors (Abimbola, 2021). The choice of which actors we invest our attention in when we enter, observe, or seek to intervene in a system has implications for epistemic injustice, for how ethical our presence, actions, and relations there can be. The principle of subsidiarity - often evoked to govern relations between central and often distant peripheral entities, such as between the European Union and sovereign European states – can help avoid epistemic injustice. That is, in relations between 'central' and 'peripheral' entities involved in making, using, and sharing knowledge to achieve equity (Abimbola, 2021). The principle of subsidiarity suggests that decisions about efforts to help others should, by default, take place at the most proximate level of action and scale of organisation possible, and only, when necessary, at a more distant level of action or scale of organisation.

After all, subsidium, the Latin word from which subsidiarity takes its origin, is used to describe the *Triarii*, the third line of the Roman military which served as a reserve during battle. Subsidium refers to the kind of help, assistance, support or aid that one would not need or receive under ideal conditions, or the kind that will only be offered based on request (Cahill, 2017). If development aid, domestic or international, is to connect a system to more of itself as its primary function, helping to move knowledge around, then it should be administered in line with the principle of subsidiarity. If it is, then it will have to abide by the four precepts of the principle of subsidiarity, as teased out by Irish legal scholar Maria Cahill (Cahill, 2017). First, subsidiary will ensure that primary units have the opportunity to rely on their own knowledge and to indicate when

they need the help of subsidiary units. Second, subsidiary units will only provide help when requested unless primary units are demonstrably unable to ask (as may be the case in the early phase of a humanitarian emergency). Third, subsidiary units must direct help towards the goals of primary units and not their own goals. Fourth, there must exist built-in structures to govern terms of engagement, to avoid reliance by primary units and usurpation by subsidiary units (Cahill, 2017). The primary units here may be a country in the global South relative to a subsidiary unit, which is an aid-giving country in the global North (Abimbola, 2021). They may also, anywhere, be a marginalised community relative to a 'distant' government, or emancipators and plumbers relative to engineers and professors (Abimbola, 2021).

Each distance needs a platform on which connections happen, and people who use those platforms to move knowledge around and to bridge or collapse the distance, the disconnect. But knowledge platforms too are situated; they are neither epistemically nor physically neutral (Abimbola, 2023). They are inclined to serve their owners who may belong to the centre or to the periphery. There are people who own and control a marketplace, who own and control media houses, who define and frame what data is collected and how it is analysed, who own and control academic journals (Abimbola et al., 2024). But none of these conditions is permanent. That a platform belongs to the periphery is not and should not be seen as a natural, necessary or permanent state - not least by the periphery itself (Abimbola, 2023). Any platform at the periphery must function - or aspire to function - as a centre, as its own centre, imagine itself into the centre, claim that status, and function in that reality. The first consideration about a platform should be to ask what system it serves to connect to more of itself. Where is it located, how does it function, what kind of knowledge is allowed to travel on it, and to where, and whose knowledge and learning needs does it privilege?

The Universal Health Coverage Forum in Tokyo, Japan sought to connect Ministries of Health and Ministries of Finance, among other people, among other things. Perhaps such a forum may work to connect those two ministries across different countries. But a forum in faraway Tokyo, Japan, cannot be where the Ministry of Health and Ministry of Finance of the Nigerian government go to connect with each other. Just as the community health committee in village A cannot connect village B to more of itself. But it can help connect village A to village B. Just as a research paper published in London, written so that it can be appreciated by an audience in Boston, cannot also be what – at least primarily – connects Nigeria to more of itself: that will require a platform located in, owned by, and designed to serve Nigeria. The second consideration about a platform, as the fourth precept of the principle of subsidiarity suggests, is whether it has built-in structures to govern engagement on the platform (Cahill, 2017). To hold the centre to account, given its relative power and likely outsize influence on how the platform operates, ensuring that the platform connects the marginalised parts of the system to more of themselves and also to more of the rest of the system.

## On home and giving

What I have done so far is hold both domestic and international development aid together in focus. They are often thought of separately. But when their primary role is reinterpreted as helping to connect a system to more of itself, they don't look so different from each other. To consider them separately is to limit the potential to learn one from the other, and to see the connections between them. How a country uses aid or knowledge to achieve development within will shape how it does so abroad. A country that does not know how to achieve equity within cannot know how to promote it abroad. You can't give what you don't have. Or as the Yorùbá say: ilé eni l'atín kó eso r'òde. You learn to adorn another person's body, character, or home by learning to adorn your own. You cannot make another good or look good if you cannot make yourself good or look good. But knowing how to decorate your own home is no guarantee that you will know how to decorate others'. What if their standards of beauty and elegance are different from yours? There are also things that you will more likely be compelled to consider when you adorn at home – given the cloud of witnesses around you to hold you to account - that easily fade into insignificance when you seek to adorn abroad.

What the centre – any centre – does not know about the periphery is what it does not know about itself. The senior Nigerian Ministry of Finance official knows exactly the health care benefits he enjoys: his own and his family's access to "Universal Health Coverage" and "the social determinants of health". If he doesn't know, he ought to know. To claim that people at the periphery do not want what he has reflects, at best, a wilful ignorance of what he has. Or, at worst, and perhaps more likely, a

condescension that betrays epistemic injustice. He listens to them but cannot really hear them. Why did they ask the question in the first place? If the centre knows what is good for it, it must know that the periphery deserves and is denied, too. To have asked the question in the way they did seems disingenuous. This is akin to many a research question. You hear it and you wonder: who wants to know? Why do they want to know? What was their prior knowledge? Whose learning needs does the question serve? A question better aligned with prior knowledge is one that skips over whether they want it or not, and asks: "how should we make Universal Health Coverage work for you, and how should we put the social determinants of health in place in your particular location?" Even then, when we ask such a question, it would be wise to not say "Universal Health Coverage" or even the "social determinants of health". When we use their language and framing, we put ourselves in a position to be useful - in their or our efforts to achieve things we may call "Universal Health Coverage" or the "social determinants of health" or anything else that changemakers in the system may want for themselves.

What was going on between elite government officials and marginalised communities in Nigeria is similar to what happens within marginalised communities (between the elite and others in those communities) and what happens internationally (between the global North and the global South). Especially how epistemic injustice shapes the use of knowledge in those relationships. Perhaps to the senior Nigerian Ministry of Finance official, the marginalised community does not have the credibility to speak in ways that compel action. Did the government even do those things that people had asked for? Perhaps he heard but did not understand because he expected the community to speak his language, use his own framing. Perhaps he wanted to build the capacity of the periphery so that they could speak his language, use his own framing. Much too often, development aid ends up as capacity building aid. The centre tries to remake the periphery in its image. The centre imposes itself on the periphery, convinced of its own superiority, or insists that for the periphery to connect to more of itself, it must come to its - the centre's - platforms. Like if a forum in Japan aimed to connect Nigeria to more of itself. Or when research funders incentivise researchers to work in the global South but publish in the global North, disregarding global South journals and other spaces for engagement that can turn researchers' attention to the local gaze (Abimbola, 2019). Or when funders do not prioritise building or strengthening information systems, data platforms, and other platforms

(including academic journals) that may help to connect that space to more of itself (Abimbola, 2021, 2023).

Wherever inequities are, there will be distance. Wherever there is distance, you will find disconnection. Connecting a system to more of itself creates the conditions to undo inequities. But doing so as an utmost priority requires at least interpreting the source of inequities in terms of weak, limited, inactive, or ignored platforms for connection. If development aid is to be effective in reducing inequities rather than misguided in its aims or counter-productive in its effects, considerations for how we use knowledge to promote equity will take centre stage in its conception, design, and administration. It will take distance and disconnection seriously, and the credibility deficit and interpretive marginalisation that, as a result, are visited upon the periphery. It will be guided by the principle of subsidiarity and build or support platforms for connection. These considerations apply at all scales of organisation. But to do aid in this way requires a conviction that people can make the right choices for themselves, and that the centre must engage with the periphery in ways that facilitate rather than constrain the periphery's agency. Putting development aid to the service of connection, hands off, no frills, is perhaps the least potentially harmful way to do development aid.

## **Key messages**

Efforts to reduce inequities globally, say through aid (whether domestic or international), are typically enacted by people at a distance and from a position of power, on behalf of or alongside people with relatively less power. The person or group with power typically knows too little about what the person or group located across the distance knows, can know, their worldview, or how they make sense of a problem or its potential solutions.

There are two types of distance. Type one exists between the people who make knowledge (people who poll, research, and analyse) and people about whom knowledge is made (people who are polled, researched, and analysed). Type two exists within a system among policymakers (often distant from action and powerful), community groups (often proximate to action and less powerful), and service users/providers (in the action arena).

These two types of distance signify disconnection. Hence the need for platforms to connect (potentially) disconnected actors. If the source of inequities is weak, limited, inactive, or ignored platforms for connection, then the efforts of a person or group (as an insider or outsider; a domestic or international actor) who provides or administers development aid should start by building or making (typically existing) knowledge platforms stronger.

Efforts to reduce inequities should therefore begin with deferring to the knowledge and connection needs of actors within the system, especially actors that are proximate to action within the system. What they are already doing with knowledge and how to support their efforts, rather than imposing on them what a distant actor imagines or wishes they need; not discounting or dismissing their words or their interpretation of their own reality.

# References

Abimbola, S., Negin, J., Jan, S., & Martiniuk, A. (2014). Towards people-centred health systems: a multi-level framework for analysing primary health care governance in low- and middle-income countries. *Health Policy and Planning, 29* (Suppl 2), ii29–ii39.

Abimbola, S. (2019). The foreign gaze: authorship in academic global health. *BMJ Global Health*, 4(5), e002068.

Abimbola, S. (2021). The uses of knowledge in global health. *BMJ Global Health*, 6(4), e005802.

Abimbola, S. (2023). Knowledge from the global South is in the global South. *Journal of Medical Ethics*, 49(5), 337–338.

Abimbola, S., Molemodile, S. K., Okonkwo, O. A., Negin, J., Jan, S., & Martiniuk, A. L. (2016). "The government cannot do it all alone": realist analysis of the minutes of community health committee meetings in Nigeria. *Health Policy and Planning*, *31*(3), 332–345.

Abimbola, S., van de Kamp, J., Lariat, J., Rathod, L., Klipstein-Grobusch, K., van der Graaf, R., & Bhakuni, H. (2024). Unfair knowledge practices in global health: a realist synthesis. *Health Policy and Planning*, *39*(6), 636–650.

Appiah, K. A. (2010). *The Honor Code: How Moral Revolutions Happen*. W. W. Norton & Company.

Baldwin, J. (1962). Letter from a Region in My Mind. *The New Yorker*. https://www.newyorker.com/magazine/1962/11/17/letter-from-a-region-in-my-mind

Baldwin, J. (1998). No Name in the Street. In T. Morrison (Ed.), *James Baldwin: Collected Essys* (p. 562). The Library of America.

Bhakuni, H., & Abimbola, S. (2021). Epistemic injustice in academic global health. *The Lancet Global Health*, *9*(10), e1465–e1470.

Cahill, M. (2017). Theorizing subsidiarity: towards an ontology-sensitive approach. *International Journal of Constitutional Law*, 15(1), 201–224.

Kiser, L. L., & Ostrom, E. (1982). The Three Worlds of Action: A Metatheoretical Synthesis of Institutional Approaches. In E. Ostrom (Ed.), *Strategies of Political Inquiry* (pp. 179–222). Sage.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, *365*(9464), 1099–1104. https://doi.org/10.1016/S0140-6736(05)71146-6

Sheikh, K., & Abimbola, S. (2021). Learning health systems: pathways to progress — A flagship report from the Alliance for Health Policy and Systems Research. https://ahpsr.who.int/publications/i/item/learning-health-systems-pathways-to-progress Wheatley, M. J. (2001). Bringing Schools Back to Life: Schools as Living Systems. In F. M. Duffy & J. D. Dale (Eds.), *Creating Successful School Systems: Voices from the University, the Field, and the Community* (pp. 3–19). Christopher-Gordon Publishers.

Soyinka, W. (2002). *Conversations with History: Wole Soyinka interviewed by Harry Kreisler* [Video recording]. Institute of International Studies, University of California Berkeley, University of California TV (UCTV). https://iis.berkeley.edu/file/780