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Podcasts as a tool to disrupt knowledge hierarchies and silos to decolonize global health

The pursuit of health equity and social justice are often-stated core goals of global health practitioners, organizations and networks. However, the dynamic landscape of global health challenges and the historical and structural legacies of colonialism and imperialism mean that conventional approaches to knowledge production and sharing have often perpetuated, rather than reduced, health inequities. Institutional incentives have consciously and unconsciously driven knowledge production to occur in ways that create knowledge silos and perpetuate knowledge hierarchies.

Knowledge silos and echo chambers have pervaded several aspects of the global health system, influencing policymaking, program implementation and the debate surrounding key health issues. These silos lead to the compartmentalization of health-related matters. An example of this has been the move from disease-siloed to gender-siloed discussions, with limited integration of the two[1]. In neither silo does the lived experience of people with disease, who are affected by several intersectional factors, come together to produce a unified response. Such segmentation makes it difficult to effectively find innovative and transformative strategies that could enhance health equity.

Knowledge hierarchies are a characteristic feature of many global health institutions (particularly academic) and reinforce the dominance of select expert gatekeepers and elite committees in approving and disseminating information. These hierarchical structures often exclude diverse perspectives, especially marginalized voices, and hinder the democratization of knowledge in global health discourse. Institutional incentive structures contribute to this by prioritizing traditional communication and dissemination paradigms, such as publications, conference presentations and associated metrics. These communication forms limit the incorporation of different types of experience and expertise, and their highly technical nature often excludes the public from understanding the main messages.

In recent years, podcasts have emerged as a powerful and accessible communication platform that holds promise for its ability to challenge knowledge silos, hierarchies and incentive structures in global health. The term 'podcast' was first used publicly in 2004 by journalist and blogger Ben Hammersley[2], who described podcasts as audio forms created with the intention to disrupt and revolutionize the radio system, which at the time was bogged down with top-downproduced, costly radio programs. Instead, podcasts were envisioned as being based on an ethos of authenticity, intimacy, autonomy and enabling of a highly participatory audience, as well as having a wide online distribution[3]. As of February 2024, podcasts had grown to reach more than 500 million daily global listeners. Podcasts in public and global health have grown rapidly in the past 2–3 years, especially during and after the COVID-19 pandemic when they were used as a form of crisis communication[4]. Podcasts have also been used to provide career advancement guidance[5], as teaching tools for students[6], to enhance public health promotion[4] and to provide global health practitioners with the current perspectives on key issues[7]. Some examples include 'Public Health on Call', 'Public Health Insight', 'Pandemic Planet' and 'Global Health Matters'.

Podcasts facilitate cross-hierarchical, cross-country and interdisciplinary discussions, providing ample space to acknowledge complexities and nuances inherent in global health issues. By fostering open and respectful dialogues, podcasts can remind listeners of the interconnectedness of global health challenges and allow diverse voices to contribute, without being constrained by geographic, cultural or financial barriers. This democratizing aspect of podcasts enables new perspectives to challenge entrenched knowledge hierarchies, transcending the limitations imposed by traditional gatekeepers. For example, unlike academic publications, podcasts are not subject to academic peer-approval processes, reducing barriers to sharing information and empowering content creators to engage a wider audience more directly. The cost-effectiveness and on-demand accessibility of podcasts further democratize global health discourse, empowering listeners to engage with content at their convenience. The choice to share and consume content resides solely with the creator and listener, respectively, and barriers to accessing podcasts are much lower for the listener than those to accessing gated academic literature or attending global health conferences. At the same time, reputable and trustworthy institutions leveraging the podcast medium can enhance knowledge dissemination and reach diverse audiences, including those who are less likely to engage with academic publications or conventional communication channels. This accessible format facilitates knowledge translation for the public and policy-makers alike, bridging a still large gap between scientific research and real-world impact.

A further strength of podcasts lies in their human-centered approach, which enables the sharing of lived experiences and personal stories that often remain untold in traditional global health communication formats. This allows new voices to be heard and new perspectives to contribute to challenging entrenched assumptions. Importantly, in an increasingly polarized world, podcasts allow ample space for acknowledging the complexity pertaining to global health issues, expressing ambiguity and nuance, and exploring the tension that may arise between different belief systems and viewpoints. Adequately resourced podcasts can serve to facilitate respectful and open dialogue among actors (individual or otherwise) who are not beholden to the closed networks that control much of the global health decision space. By presenting a human face for global health work, podcasts make complex issues more relatable and approachable, appealing to a broad spectrum of actors, including the public, who may be deterred by scientific jargon or social media rhetoric. Podcasts that have a certain level of humility are among the most successful in attracting audiences.

While podcasts offer an innovative solution to the challenges posed by knowledge silos, hierarchies and incentive structures in global health, they are not without limitations.

Production costs can be substantial, and internet data costs can disadvantage listeners in regions with high data costs. Language barriers may also represent an exclusionary factor, limiting the reach of global health podcasts to primarily English-speaking audiences. Podcasts may perpetuate and elevate the voices of 'experts' who already have access to channels of communication and influence, necessitating thoughtful consideration of inclusivity and diversity in planning and guest selection. Ensuring a balanced distribution of voices from academia, practice and activism across continents, therefore, does require a substantial investment of time and the establishment of collaborations that can yield more nuanced and balanced views. As with all communication formats, consumers need to be educated on who the trusted or reputable creators of information are, to minimize the risk of disinformation.

Despite these limitations, the adoption of podcasts and other novel communication formats that promote inclusive discourse, dialogue and debate offers an important approach to reshaping global health communications and knowledge-sharing systems. Embracing podcasts as a transformative medium could pave the way toward a more equitable distribution of power, democratization of information and, ultimately, a more inclusive and effective global health agenda.

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Competing interests

The authors declare no competing interests.