



Decolonising global health in Africa

Where are the Southern voices?

Dr Sam Oti
Member, GHDM-Africa
Secretary-General, NIERA

Objectives

- To surface some manifestations of coloniality in global health and how they are reflected in the lived experiences of global health researchers in Africa
- To highlight what the Global Health Decolonisation Movement in Africa (www.ghdmafrica.org) is doing to address these manifestations.



What is decolonization?

- What we know today as **Global Health** actually traces its origins to **Colonial Medicine**
- In the context of Global Health, is a moving to tackle the manifestations of **coloniality** in global health
- That is, to address **power asymmetries** between the “global north” and “global south”



Why decolonize
global health?



> LA ESPINA



Opinion Coronavirus

🕒 This article is more than **1 year old**

A global vaccine apartheid is unfolding.
People's lives must come before profit

Winnie Byanyima

The poorest countries are missing out on adequate doses of vaccines - and the health implications should concern us all

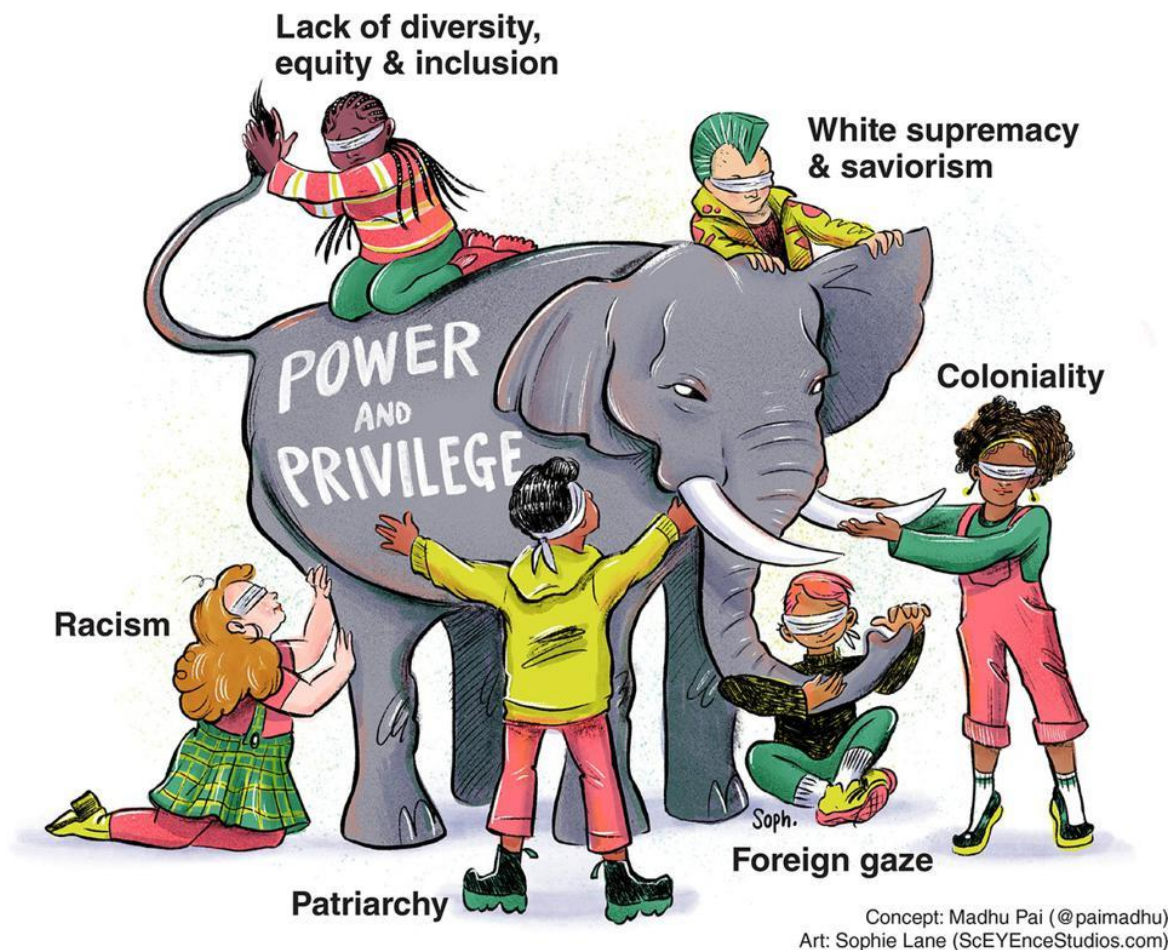


BBC News (World) 
@BBCWorld



Eighty monkeypox cases confirmed in 12 countries





“Global health, as currently practiced, has many asymmetries in power and privilege. Coloniality is but one manifestation of supremacy...”

Source: Abimbola et al. PLOS Medicine 2021
(<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003604>)

Disclaimer

← Tweet



Sam Oti MD PhD

@DrSam_Oti

PS: I do not qualify as a decolonization scholar and I have no desire to be labelled as one. I am merely an advocate of [#decolonialpraxis](#) in [#globalhealth](#).

Decolonization scholars from the [#GlobalSouth](#) abound even though their voices have been largely ignored for decades.

17:41 · 31 Jan 22 · [Twitter for Android](#)



Decolonization in practice





About GHDM-Africa

What we are doing...



DONATE

The background of the lower section is a photograph of a group of African children. A small white silhouette of the African continent with black diagonal stripes is overlaid on the face of a child in the center.

The Time Is Now

Join the movement to decolonise Global Health in Africa

What we are doing...



Our Strategy



Coordinated Advocacy

We will work with individuals and organisations in Africa to create a coordinated strategy around the decolonisation of global health practice.

[LEARN MORE](#)



Strategic Communications

We will seek to create and promote safe spaces and forums for frank and open conversations about decolonising global health.



Patient Capital

We will persuade African governments and their development partners to invest in reforming the global health landscape.

[LEARN MORE](#)



What we are doing...

Decolonising Global Health in Africa

WITH THESE EXPERTS

MODERATOR	KEYNOTE	DISCUSSANT	DISCUSSANT
			
GILBERT MANIRAKIZA Chief Executive Officer, The Newmark Group and Convenor, Influence XXI	DR. LIOBA A. HIRSCH Research Fellow, London School of Hygiene and Tropical Medicine, University of London	DR. CATHERINE KYOBUTUNGI Executive Director, African Population and Health Research Center	DR. MOSOKA FALLAH President, Chief Executive Officer, Refuge Place International

Decolonising Global Health in Africa

July 2021

Recap of our inaugural webinar

On 6 May 2021, we held the first of our webinar series entitled "Decolonising Global Health in Africa". The virtual event sought to surface the persistent and pervasive manifestations of coloniality in global health such as racism, saviourism and epistemic violence, to mention a few. The webinar was moderated by Gilbert Manirakiza, CEO of Newmark Group IMC. Dr. Lioba Hirsch, a lecturer at the University of Liverpool, delivered the keynote based on her publication in the Lancet entitled "Is it possible to decolonise global health institutions?". The panelists included Dr. Catherine Kyobutungi, Executive Director of the African Population and Health Research Center and Dr. Mosoka Fallah, CEO of Refuge Place International.

What they said



Dr. Lioba Hirsch – Research Fellow, London School of Hygiene and Tropical Medicine

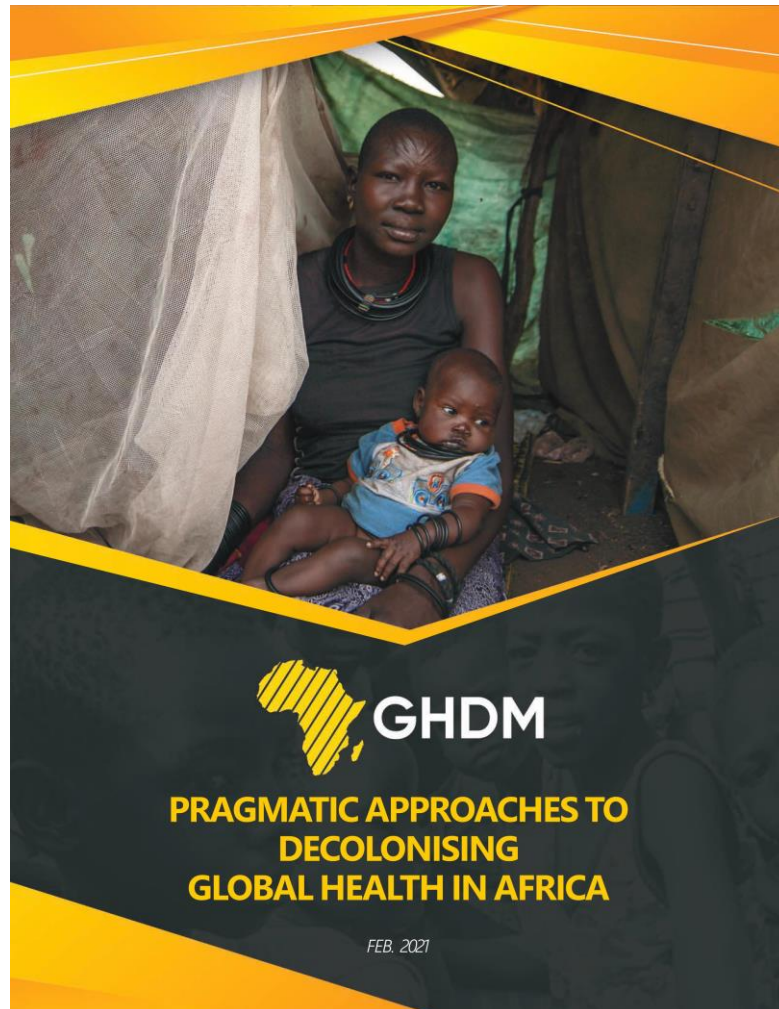
"Most solutions and answers should come from Africa instead of the western countries. African leaders should be more active in participation in forums and conferences as opposed to European leaders. We should be uncomfortable and confident in terms of saying no to unworthy causes and know Africa's worth."



Dr. Mosoka Fallah – Founder and Chief Executive Officer, Refuge Place International

Reforming the education system in Africa is important to the decolonization process. Critical minds should come together to identify major critical issues and at the same time find a younger generation to mentor to ensure continuity of the process. The government should be the greatest partner across Africa as all infrastructure needs to be channeled to take Africa to the next level."

What we are doing...



Commentary BMJ Global Health Decolonising global health: where are the Southern voices?

Samuel Oji Oti,^{1,2} Jabulani Ncayiyana^{2,3}

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As evidenced by a plethora of publications, webinars, and social media hashtags, the last year or two have seen an amplification of calls for the decolonisation of global health.^{1–5} These calls have largely been virtually echoed in the hallways of academic institutions in the Global North such as the London School of Hygiene and Tropical Medicine, Duke University and Harvard University. For reasons which we can only speculate about such as fear of retaliation or feelings of powerlessness, the voices of global health institutions and practitioners based in the Global South have largely been absent amidst the calls for decolonisation.

Nevertheless, the rising wave of discontent with the power imbalances that plague the practice of global health is, without doubt, long overdue. This is even more pertinent and timely given that the COVID-19 pandemic is exacerbating global health inequalities.⁶ For example, it is no secret that countries in the Global North which account for under 15% of the world's population have secured for themselves almost half of all COVID-19 vaccine doses that are currently available.⁷ Some global health practitioners have even gone as far as referring to this blatant power abuse by rich countries as 'vaccine apartheid' or 'vaccine nationalism'.

Overall, while there is consensus regarding the broad focus of this rising discontent, there are divergent views about the best approaches to achieving the decolonisation of global health. Some proponents have adopted a philosophical approach perhaps seeking to ensure that the decolonisation movement is conceptually and theoretically grounded.⁸ Others have adopted a more pragmatic approach, for example, calling for a set of actions and metrics to hold global health institutions and practitioners more accountable.⁹ At the other extreme are those that are sceptical about decolonisation and even cynical about the semantics of the word itself.¹⁰

Summary box

- In the last year or two, there have been growing calls for the decolonisation of global health.
- These calls recognise the fundamental need for global health institutions and practitioners to dismantle the persistent structural inequities perpetuated by global health's colonial heritage.
- However, these calls for decolonisation have largely been led by global health practitioners based at institutions in the Global North.
- At face value, it appears that global health institutions and practitioners in the Global South have not been visible or vocal amidst the calls for decolonisation.
- In this commentary, we address this misconception by highlighting recent efforts of global health practitioners in Africa, which emphasise pragmatic approaches aimed at decolonising global health.

Despite this apparent lack of coherence, it is encouraging that these conversations are even happening at all. Just like in the sphere of technological discovery and innovation, there is almost always a period of chaotic experimentation preceding the emergence of what is known as the 'dominant design'.¹¹ It is therefore reasonable to anticipate that at some point in the future, the global health decolonisation movement will be characterised by its own dominant design—that is, a coherent set of principles, approaches and tools.

However, for those of us in the Global South who continue to endure the suffocating legacy of colonialism in global health, we simply cannot wait for the emergence of a dominant design. We simply cannot wait for the reimagining and rebuilding of the global health field as has been called for by some of our counterparts in the Global North. Therefore, we have decided to throw ourselves headfirst into the sphere of pragmatic action rather than wait on a dominant design.

Specifically, we have heeded the call to volunteer some of our time to become members of the Panel of Movers under the auspices of the Global Health Decolonisation Movement in



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¹The Secretariat, Network of Impact Evaluation Researchers in Africa, Nairobi, Kenya

²Panel of Movers, Global Health Decolonisation Movement in Africa, Nairobi, Kenya

³Department of Public Health Medicine, University of KwaZulu-Natal, Durban, South Africa

Correspondence to:
Dr Samuel Oji Oti;
sam.oti@alumni.harvard.edu

ACADEMIC AND TRAINING INSTITUTIONS



COMMON MANIFESTATIONS OF COLONIALITY

Africans are underrepresented among your faculty, staff, and students. In fact, it is rare for an African or UIGH person to hold tenure or other positions of significance at your institution.

Your curriculum fails to acknowledge the colonial legacy of global health nor does it incorporate diverse sources of knowledge.



WAYS TO DECOLONISE

Recognise that there is evidence that diverse teams advance scholarly environments. Set targets and take deliberate steps to diversify your institution or group. Train your selection committees in best practices for improving diversity such as holistic review methods.

Embark on a curriculum renewal drive that incorporates transformative learning and cognitive justice approaches into global health education. For example, your courses can include the fundamentals of colonial theory and the sociohistorical impacts of colonialism and coloniality in Africa.

Encourage and commission research to better understand and disentangle the complex legacy of former colonial relationships and the influence they had and continue to have on global health practice.

Initiate and support forums for your students and faculty to freely debate colonial history, and its continuing relevance to global health.

GRANT-MAKING ORGANISATIONS AND FUNDING AGENCIES



COMMON MANIFESTATIONS OF COLONIALITY

Your funding processes (such as external review, solicitation of proposals and sourcing of consultants) are biased towards HIC practitioners.



WAYS TO DECOLONISE

Ensure that you have adequate and proportionate representation of African and UIGH perspectives across your granting processes, for example by diversifying your expert review panels.

Encourage and give strong preference to proposals for Africa that are led and dominated by African researchers/organisations, regardless of their previous or intended association with HIC practitioners/institutions.

Reject “parasitic” or “parachute” proposals –that is, proposals that have evidently been conceptualised by HIC practitioners for implementation in Africa without significant intellectual contribution from African practitioners.

SCIENTIFIC JOURNALS AND PUBLISHERS



COMMON MANIFESTATIONS OF COLONIALITY

Your editorial team lacks diversity and is dominated by HIC practitioners.

Your acceptance rate for articles primarily authored by African and UIGH practitioners is significantly lower than for HIC authors.

You prefer peer-reviewers from HIC and allow them to provide aggressive and disparaging feedback to submissions from African and UIGH practitioners.



WAYS TO DECOLONISE

Diversify your editorial team and ensure that editors are trained in implicit bias and cultural awareness.

Editors and reviewers should remain mindful of documented biases in assessing scholarly work from “minoritized” groups. Each submission should be judged with an open mind, on its own merit, and without racial or other implicit biases.

Editors must monitor and moderate feedback provided by reviewers particularly to African and UIGH authors. Editors encountering biased or disrespectful reviews should overrule them and assign alternate reviewers to the submission.

THE MEDIA AND JOURNALISTS



COMMON MANIFESTATIONS OF COLONIALITY

You publish global health headlines and stories about Africa that are disrespectful or outright racist.

Your editors and journalists value the contributions of HIC experts much more than their African counterparts even on issues concerning Africa.



WAYS TO DECOLONISE

Recruit or appoint DEI champions within your organisation.
Invest in and set targets for diversifying your workforce.
Train your workforce in implicit bias and cultural awareness.

Sensitise your teams to realise that while non-Africans might have legitimate expertise on African issues, their contributions ought to be balanced by those of experts from Africa and who live or have lived in Africa over a significant and recent period.

In Summary:

- ~~Theorize~~
- ~~Talk~~
- ~~More talk~~
- A Bias for Action

What do our critics say?

Bandwagon · **Superficial** · Greenwashing · Not A
Metaphor · **Wrong word** · Where is the violence? · Not theoretically
grounded · DEI isn't DGH · **Undermining science** ·
Unhelpful antagonism · **Disregards progress**



Our reply

“This is a false dichotomy between immediate practical action and addressing root causes. I would compare this to a bucket. When water is flowing out of a hole in a bucket, it is, of course, pragmatic and necessary to repair the hole. But we also need to turn off the tap”

-- Monica Mitra Chaudhuri

What are we risking?

- Retaliation
- Censorship
- Hostility
- Alienation
- Intimidation etc.



CAUTION

Thank you

