Review of: "[Commentary] Decolonisation of Health Care in Tanzania"

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Potential competing interests: No potential competing interests to declare.

The newest version of the article shows substantial improvements in defining decolonization and providing better context and lessons from the African environment. The comments below reflect on aspects from both the earlier paper and the current version, and I hope provide issues to be thought of. This is my first time with the ongoing publishing and reviewing, so excuse my difficulties keeping up.

Interesting and important article that perhaps discusses the idea of whether modern medical care systems and practices are "universal"? Or do they have major influences from colonial experiences [I guess some positive and others negative]?

I think this is an issue that affects most African countries, and it is embedded in the cultures of medical training and care systems historically handed down as part of the colonization process and the neo-colonization that subsequently followed. It starts a good discussion not only in changing a certain influence of the colonizing culture, but also the local indigenous medical culture that sustains medical colonialism.

While there is an interesting discussion raising a number of issues, it was rather unclear to me as to what issues or framework was used to examine the phenomenon of colonial intent in the health care systems of East Africa. To start with, what is considered as the colonial imprint in EA's health systems? And what needs to be decolonized, and to what effect or outcome? How can it then be systematically tackled with goals that improve health and are not simply cosmetic? Is it just a change in the relationships between the "Global North and Africa," and is it still a mentality of the North supporting Africa? Or how can Africa sustain its health care systems?

Perhaps a health systems approach could unpack various elements around training systems, curricula, and staffing types, services delivery systems and models, technology needs assessments, procurement, and use/utility?

Changing clinical priorities and practice:

A point is made about the changing pattern of diseases in Africa, but I think the original issue is about the typecast curricula from a different diseases context which guided training and may have regarded "tropical diseases" as an "extra" rather than the core. Do African countries themselves assess the disease burdens of their countries and transform systems to serve these, or does some northern help is required to do this? All countries have changing disease patterns over the years.

The discussion here also raises issues of training materials and the absence of African skin tones in educational

materials. Again, what is the fundamental problem, [after 60 odd years of independence], that requires a "decolonization" approach?

Academic Challenges: Clearly, scholarship that is dependent on foreign or colonial-approved publications is troublesome, and they have documented elements of editorial bias in publishing African articles. I agree that efforts to expand the visibility, credibility, and value of African journals are needed. Who and how should this be done?

Parallel Strategies: I did find the earlier suggestion implying that skin tones are similar to disability rather puzzling. Also, similar to encouraging neurodivergent participation?

The article does point out to me a context of encouraging the Global North's "benevolence" to working with African partners, and being the ones to foster "culturally acceptable" change, which stands a risk of rather continuing a colonial approach to thinking through these issues. There is a need for an internal East African approach and redesign to reorder health and medicine to reflect contexts that may differ from colonial historical templates that have been inherited.

We have to be careful not to tackle issues of decolonization from a colonial perspective rather than an African perspective.