

# Review of: "Decolonisation of Health in East Africa: Opinion Piece"

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Thank you for the opportunity to review this article, which was thoroughly referenced and argued, expansive in scope, and critical in tone.

One thing I would like to see is, in the Introduction, a more specific definition of what exactly the authors mean by 'decolonization'. Reading the text, it becomes clear that it has something to do with:

- Clinical practice
- Professional support
- Geopolitics of knowledge production
- Education and training

There is an idea that we can draw upon indigenous art, philosophies etc. as means to better understand health challenges and care. But overall, there seems to be little interest in rejecting modern health research, education, and intervention - largely conducted in English (noting the points about Swahili resources). That seems to be at odds with some thinkers of decolonization who would argue for a much stronger vision of what it requires and entails. Noting those differences might help the authors to specify what their version of decolonization actually is - and why it might be difficult to pursue a more radical decol agenda.

I think some critical reflection on the potential drawbacks of a decolonization perspective might be relevant here. I am thinking of the work of Olúfẹ̀mi O. Táíwò: *Against Decolonisation: Taking African Agency Seriously*. Although situated in philosophy, I think a number of the arguments he raises are valid and might actually help to strengthen the current argument. For example, does a discourse of decolonization conflate coloniality with modernity? Does it seek, problematically, a return to a golden age of precoloniality? For health researchers, this should be of interest, as few would argue that we should reject modern healthcare simply because of their colonial taint.

I lacked a sense of the opportunity and importance posed by demographic transitions in Africa. As African populations grow, increasingly living in urban areas, we will see that addressing health issues in poorer urban areas will become more and more critical to achieving global health targets (cf. the work of Alex Ezeh). Relatedly, the global population stands to benefit significantly from the nurturing of African science and from taking advantage of the intellectual contribution of a large, young, and motivated scientific human resource. <https://chemistry-europe.onlinelibrary.wiley.com/doi/10.1002/cbic.202300060>

An interesting point that might not be relevant to the present discussion is the bias in biomedical research and drug discovery/clinical trials towards populations of European ancestry, which could potentially undermine the efficacy and safety of medicines for African populations. <https://www.nature.com/articles/d41573-023-00088-8>