

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

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**Potential competing interests:** No potential competing interests to declare.

**Title:** Decolonisation of Health in East Africa: Opinion Piece

**Introduction:** The article sheds light on how the United Kingdom's healthcare system, the National Health Service (NHS), may reinforce social inequalities especially against people inhabiting the countries that the UK colonised. Furthermore, the article highlights some examples of practices developed by physicians from Tanzania and the United Kingdom (UK) in order to apply an integrated approach towards the decolonisation of health in East Africa.

**Key points:**

**Workforce:** The authors address the phenomenon of the brain drain, with many African medics leaving their own countries to support the NHS, besides the exploitation and discrimination experiences among African nurses working in the UK. At the end of this section, it is mentioned that 'This is undisguised exploitation and demonstrates that epistemic injustice remains alive and well in the UK at least'. I suggest that the authors should delve into the epistemic injustice concept and maybe emphasize the challenges faced by the UK healthcare system in training its healthcare workforce in an intercultural approach as a relevant aspect to achieve equity and true decolonisation of healthcare. The Pan American Health Organization (PAHO) Strategy and Plan of Action on Ethnicity and Health 2019-2025 (available from <https://iris.paho.org/handle/10665.2/51744>) could be resourceful.

**Politics:** The authors focus on the UK's decision to cut back on its support for developing countries and the disproportionate impact of these cuts on African countries, where healthcare systems were already strained. They advocate that British organizations should support the healthcare systems in former colonies in a more proactive way. I believe it would be important to address the multilateral agencies role in reducing inequalities in healthcare access across the globe.

**Changing Clinical Priorities and Practice:** The authors describe many experiences of collaboration between Global North and African physicians targeting to build capacities and improve healthcare services in African countries. When it comes to strategies for decolonizing medicine, it would be interesting to explore ways to promote diversity and foster cultural competences in training programs and curriculum development within medical teams.

**Academic challenges:** The authors present consistent reasons why publishing papers from African authors and publishing in African journals needs to be more actively encouraged by increasing their value and visibility. Also, they highlight how the editorial bias reinforces social and economic inequalities. It would be engaging if the authors were able to share some practical experiences of the positive discrimination that they believe should be considered.

**Conclusion:** The article provides a comprehensive analysis of some repercussions of the colonialism legacy on healthcare in East Africa. The shared practical experiences for decolonizing medicine at a clinical level offer valuable insights into



addressing systemic inequalities and fostering more equitable and inclusive healthcare practices.