

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

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This contribution offers a much-needed view on possible strategies to decolonizing health in East Africa. As a sociologist with an expertise on postcolonial theories and the issue of decolonization of social sciences and the higher education more broadly, I enjoyed a lot reading this piece, and found what is highlighted by the authors extremely relevant and clearly presented. Throughout the text and until the conclusion, however, I also found some puzzling and somewhat contradictory statements and positioning.

For instance, a nexus is made between (economic) development and decolonization: while this remains certainly a legitimate claim, it is clear that the very idea of “development” and the practices associated to it are one of the most visible (and criticized) manifestation of neo-coloniality (or, the continuation of colonialism after decolonization). In other words, “development” is often what maintains former colonial countries and their people trapped into a condition of dependency from the former colonial masters, and one according to which the only/best mode of “doing things” remains the Western/European one – i.e., that of the so-called “developed countries”.

Decolonization, if taken seriously, is also a major critique to global capitalism: thus, I am wondering how and why the authors decided to largely avoid engaging with this “elephant in the room” of decolonization: can there be actual liberation and emancipation, within the boundaries of the exploitative dynamics of global capitalism – a global socioeconomic system which clearly builds on the colonial past and neo-colonial present?

Likewise, decolonization is also about building new and non-Euro/Western-centric epistemologies and modes of doing “science”. With respect to the subject of this article, the overall idea would be that of giving equal legitimacy and recognition also to other modes of doing healthcare. Yet, most of the claims are for more inclusion and participation of African/local actors (both patients and specialists) into well-established (and thus likely Euro-/Western-centric) healthcare infrastructures – e.g., international funding schemes, the academic publishing industry, etc. Here I thus see another contradiction, which would be nice for the authors to try to excavate a little further. How can alternative/non-Western or Eurocentric knowledge on health generate by relying on clearly Euro/Western-centric tools for knowledge (re)production?

With those main issues addressed, this piece will certainly make a much stronger and more fascinating contribution to debates on decolonization.

