

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

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Potential competing interests: No potential competing interests to declare.

Decolonization of Health in East Africa: Opinion Piece

## Review

1. In general, the paper is relevant in the current context of overwhelmed and poorly functioning health systems in Africa. However, the storyline ought to be clear and convincing.
2. Abstract: At first glance the abstract focuses on the NHS and leads the reader to assume that the paper is about the NHS. In fact the last two sentences in the abstract beginning with “ Far from producing..... Near future ought to be the beginning of the abstract.
3. Workforce: The focus should be more the workforce numbers skills, retention etc. and the relentless drive of the UK to recruit from its former colonies. Furthermore, the term “**brain drain**” is no longer used in the modern context.
4. Politics: This area focuses on Covid 19 , but other issues e.g. HIV/AIDS, have demonstrated the impact of poor health systems on the health of its population and the issues of the privileged “North” an issue that could illustrate the inherent colonial inequalities. Furthermore, there is need to demonstrate whether the so called apologies of the wrongs done have contributed to better health systems in the former colonies. For example a review of what happened when the UK government stopped sending experts medical staff to former colonies to help with the education and staffing? Why was this stopped? What legacy and impact did it leave? Also I am not sure of the colonial impact on Zanzibar. Was the UK involved on this Island? A focus on Kenya, Uganda would appear to yield much more insightful discussions.
5. Changing Clinical priorities and Practice: the focus should be on emerging and remaining diseases. The poor emphasis on NCDs was due the colonial system curricula emphasis and this should be brought out as one of their legacy...mental health for the locals would not have been important in the colonial administrations. The discussion on videos showing African doctors has no place for elaboration in such a way in this paper. Simply indicate the educational materials have been contextualized to local needs.
6. Academic challenges: Quite correct that data from Africa is published by westerners without even acknowledging African contributors a given colonial legacy. However, it appears that research is the only major challenge in this paper. Much more can be said about many other issues including shortage of educators, infrastructure. In case of research there is also the issue of major journals more inclined to making profits through high submission fees which

means countries in Africa or Asia can not frequently publish in these journals, but good practices such as of reduced fees which are being offered can be examples of the so called decolonization. In this section there is also a discussion on European use of guidelines on maternity and antenatal services in the countries. I think there is need to fact check this, because in most African countries PHC services exist for basic antenatal services and besides some countries have varying levels of health facilities.

7. *Parrel Strategies*: Not sure if this title is appropriate. A title like **Equal opportunity to education** may be better.
8. *Future priorities*: Since there are no examples of decolonization working well in other countries, it is not clear what these priorities are. However, if the paper is reviewed and appropriate facts delineated, it is possible to propose future actions in clear terms.