

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

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An Open Review of the Manuscript “Decolonisation of Health in East Africa: Opinion Piece”

Dear Editor,

Permit me to express my gratitude for allowing me to review this exciting manuscript and converse with the author/s. The manuscript's subject matter is interesting and significant from historical and contemporary perspectives.

The manuscript sought to provide a historical context of healthcare issues in the United Kingdom (UK) and elaborate on how the UK government impacts healthcare systems and professionals in Commonwealth countries. Proposals are discussed by the author/s regarding decolonizing health (or the healthcare systems in East Africa - Tanzania). Significant among these proposals is the need to change clinical priorities in the areas of health education and professional training, develop academic excellence among East African (Tanzanian) healthcare researchers and clinicians, improve inequities around research journal article publication rates among African scholars, and allow communities and their peer researchers to claim research authorship rights, among others. In particular, the authors have highlighted steps already taken to improve medical or health education through curriculum change, educational videos, and engagement of early career researchers and scholars with disabilities to thrive in research.

These insights and propositions regarding how to improve healthcare access, increase research quality and outcomes, and encourage the participation of communities in research are critical to decolonizing health, as the author/s discussed. However, some of these proposals are very descriptive without concrete steps towards decolonization. Furthermore, the paper is silent about who these authors are, their relationship with East Africa (especially Tanzania) and what experiences inspired this critical opinion piece.

Since this is an open review, the following are my perspectives about the topic, along with comments and suggestions to propel further dialogue on this opinion piece.

Major Comments

- a. Given that the title of this manuscript is about decolonizing health, the authors must provide an authoritative definition of decolonization. Alternatively, they can explain what decolonization means to them in this paper.

- b. A paragraph should be provided to position the authors, in terms of who they are, their connection with Tanzania, and why they are interested in this topic.
- c. In my opinion, the authors' perception that it is the responsibility of the UK government to ensure that there are adequate resources to support healthcare systems in its former colonies is itself a colonizing mentality. The UK owes it to its citizens just as the independent African countries must do for their citizens.

However, I agree that the UK exploits healthcare workers from Africa and other countries. To decolonize this practice and minimize the exploitation, the supplying countries must enter into an international agreement with the UK with clear terms of engagement regarding how their healthcare professionals will work in the UK. For example, many healthcare workers (e.g., nurses) complete school and have no jobs in Ghana; therefore, sending them to work abroad might not be a bad idea. Nonetheless, appropriate bilateral arrangements must be arranged between the UK government and governments of African countries to maximize the economic benefit of having their human resources worked in the UK. These agreements must be entered into as equal partners with mutual benefits. Healthcare professionals must have representation in such agreements to negotiate better service benefits.

Furthermore, the UK government must reexamine its language policy for healthcare professionals coming from English-speaking African countries. Asking healthcare professionals from English-speaking countries to take English proficiency exams before they can work in the UK is exploitative.

- a. Empowering communities to participate in research and retain authorship rights is critical, and I agree with the authors on this. The challenge, however, is that many research funders from the Global North have their requirement that may not allow African communities to have control over the research knowledge produced. There are two ways to change this situation: (1) Communities in Africa must be empowered to create research protocols, like most Indigenous communities in Scandinavia, North America, New Zealand, and Australia have. These protocols will specify how researchers can engage with the community and how the knowledge produced will be managed. (2) As part of the protocols, local approaches to knowledge translation must be a significant component. This will require researchers to share the research findings with the communities where the research is conducted. Besides, issues around authorship will be made clear once there are clear community-informed guidelines about how communities must be engaged in research with Global North and South researchers.
- b. Transforming healthcare education and professional training: Again, the authors noted challenges around research and clinical capacity among researchers and care professionals from the Global South. Collaborative engagement with scholars from the Global North is one vital approach to enhancing research quality and clinical practice in Africa. Also important is for African governments to provide more funding for health research and professional training. Healthcare research and education are underfunded, affecting the quality of health research and professional development. Moreover, to decolonize clinical practice is to engage research models developed in Africa. Cultural and historical contexts, health beliefs, and geography impact health behaviours and healthcare practices. Therefore, continually using healthcare models and clinical guidelines embedded with Western ideals to influence health and clinical research in the Global South may come at a cost to specific populations in the continent.

The authors must thus reflect on this section again because it seems to me that they only talk about what the research team has already done rather than how it was done. That is, what clinical protocols guided their research? Readers can evaluate decolonization's implementation in the "how to process."

- a. Academic challenges: The authors have indicated some challenges scholars from the Global South face, including editorial biases, being unable to publish in high-impact journals due to high APC, discriminatory review processes, and language challenges. I agree with the authors on these issues, especially the need for affirmative action regarding journal publication. As a way of decolonizing, I will suggest that journal publishers extend the waiver of APC to early-career African researchers in academic institutions in the Global North whose research focuses on Africa, and where there is limited funding to cover the publication of their research article. Many journals waive the APC cost for African authors, but these researchers must be based in an African educational institution.
- b. Future priorities: I agree with the authors that some form of decolonization is required in several healthcare clinical practices where the cultural contexts of those countries should be prioritized. Given these countries' multicultural and multilingual nature, African healthcare professionals must be trained to embrace cultural competence and cultural sensitivity in their practice. The following are ways, I believe, can help to bolster the cultural competence of healthcare professionals in Africa. (1) **Patient-public involvement in research.** There should be patient groups or representatives working with major hospitals and health research facilities. These groups must be consulted or involved in health research involving human participants. For instance, the Saskatchewan Centre for Patient-Oriented Research (SCPOR) oversees patient-partner involvement in research projects at the University of Saskatchewan in Canada. Similar patient groups or partners are needed in many African countries to engage researchers. At the very least, there should be community research advisory groups or committees to advise and support healthcare research. (2) **Traditional African knowledge keepers** must be engaged in clinical research, especially in developing medicine or treating tropical illnesses. Many traditional healers hold a lot of localized knowledge about illnesses and herbal medicine. These knowledge keepers can also serve as peer educators in medical schools so that occasionally, they are brought in to teach traditional illnesses and healing practices.
- c. Politics and international collaboration: The authors stated that there will be a UK/Africa investment summit to engage and share knowledge and ideas to facilitate development in the health sector in the UK and Africa. The following questions are critical if there must be decolonization in such international collaborations. (1) where will the summit be held? (2) who will participate in the summit?

To ensure equal participation and promote decolonization in that UK/Africa engagement, the summit must be held in Africa, and representatives from the UK must travel to Africa. Africa is often treated as a country rather than a continent, which defies equal participation in these kinds of collaborations.

Minor Comments

1. When I first saw the title of the manuscript, I thought it was a discussion about East Africa as a sub-region; however, the content shifted to focus on Tanzania. Why not rephrase the title to capture this specific information? On the other hand, a sentence should be used to bridge this gap. After a broader background context, the authors could indicate

that the rest of the manuscript will focus on healthcare practices and issues in Tanzania.

2. Many of the photos used in the manuscript have no captions. Therefore, what they represent or add to the manuscript's content is unclear. The authors should provide descriptive captions to orient readers to what these photos are (where each was taken, what it represents, and why those photos?).

Summary of Approaches to Decolonization

The following are my suggested practical approaches to decolonizing health, some of which align with those proposed by the authors.

- Local community peer researchers must be involved in research projects as collaborators or co-investigators. This will empower them to have knowledge ownership rights and authorship.
- Communities should be supported to develop local research protocols to guide research activities involving these communities. This will honour the expression “Nothing for us without us.” These protocols must be respected and observed by external researcher funders.
- Research projects conducted in Africa, especially by scholars from the Global North, must have concrete local knowledge translation and dissemination components. This process will allow research funding to be shared with communities where research knowledge and data are generated.
- Patient advisory groups, community research advisory committees, and community peer researchers who support research activities conducted in their communities must have a voice regarding authorship and other critical components of research projects.
- African governments and private sector organizations must be interested in supporting health research in Africa and should provide funding and other resources to enhance research.
- Affirmative action must be implemented to support early career researchers and academic scholars with disabilities to empower them to conduct research and publish their results. Research journal publishers must extend the APC waiver to other African researchers in the Global North to publish their research results in open-access journals.
- The UK government must re-examine its language policy for African-trained healthcare professionals from English-speaking African countries and collaborate with African governments and healthcare professional bodies to engage in meaningful dialogue researching the use of nurses and other healthcare professionals in the UK.
- Clinical research and practice guidelines must incorporate African perspectives, ethics of care, and philosophies to decolonize the Westernization of medical research and practice. Many medical protocols and guidelines are based on Western standards and theorizing, which, when blindly applied, undermine African values, cultural perspectives, and ethical philosophies. That needs some form of decolonization to embrace equity, diversity, and inclusion.

I hope these perspectives are helpful for this manuscript and will ignite further reflections by the authors.