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Peer Review

Review of: "Decolonisation of Health Care in Tanzania"

Jennifer Heaven Mike[1,2]

1. ABTI American University of Nigeria, Nigeria; 2. DePauw University, United States

This article, *Decolonisation of Health Care in Tanzania* by Said, Yongolo, Biswaro, Walker, and Kelly, is an opinion piece that critically examines the enduring effects of colonial legacies on Tanzania's health sector and proposes pathways for decolonisation through equitable collaboration between Tanzanian and UK physicians.

The authors situate their discussion in the broader debates on global health decolonisation, highlighting how colonial systems established inequitable healthcare structures, displaced indigenous healing traditions, and contributed to today's stark disparities in morbidity and mortality. They emphasize the continuing imbalance caused by medical migration, with African-trained health professionals disproportionately staffing the UK's NHS, creating a brain drain that undermines healthcare delivery in Africa.

A key strength of the paper is its blending of historical critique with practical, context-specific strategies. The authors describe joint Tanzanian-UK initiatives addressing non-communicable diseases (NCDs), musculoskeletal disorders, and medical education. They stress the importance of African-led curricula, clinical services, and culturally relevant teaching resources (e.g., Swahili commentary and dark-skin clinical images). Importantly, they foreground African physicians as leaders in setting the clinical agenda while Northern partners provide targeted support.

On the academic side, the article exposes structural inequities in publishing, funding, and authorship, critiquing neocolonial patterns where Global North institutions dictate priorities. The authors call for African-led research funding, equitable authorship, reduced barriers to publishing, and more representation of African scholars in editorial spaces.

The piece concludes with a call for systemic power shifts—towards mutual knowledge exchange, culturally appropriate healthcare, and inclusion of African voices in shaping health agendas. It argues

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that genuine decolonisation requires humility, patient and community involvement, and an acknowledgement of historical harms.

Ultimately, the article makes a persuasive case that decolonising health care in Tanzania (and Africa more broadly) must move beyond rhetoric to practical collaboration, capacity-building, and the redistribution of power in clinical, academic, and policy spheres. While this work has outlined key issues and provided critical insights, there remains significant room for improvement and further research. Future inquiry could deepen comparative perspectives across different regions and contexts, incorporate more empirical evidence to strengthen theoretical claims, and explore emerging challenges that are reshaping the field. In particular, interdisciplinary approaches that bridge law, policy, and lived experiences would enrich understanding and generate more inclusive solutions. Continued reflection, engagement, and critical dialogue are therefore essential to refine existing arguments and expand the scope of scholarship in this area.

Declarations

Potential competing interests: No potential competing interests to declare.