



MMS Bulletin #164

Decolonizing health cooperation - Reflections on an upcoming transformation process

Voices from Africa's marginalised communities

Reimagining the struggle for health equity in Africa

By Joviah Gonza and Danny Gotto

Colonial vestiges in Africa continue to be seen in legal, political, economic, and social systems and structures across the continent courtesy of a colonial inheritance of the Western imperialistic social, economic and political order. The inherited colonial order has sustained underlying societal weaknesses across the continent such as; the exclusion of communities and peoples; marginalisation of indigenous knowledge and cultures; reinforcement of hierarchies and sustenance of various forms of oppression including misogyny, tribalism, homophobia, sexism and others. (Parashar & Schulz, 2021).



Photo by Melanie Kreuz on Unsplash

Consequently, Africa's social metamorphosis was interrupted and this partly explains why much of the continent has continued to lag behind in its development compared to the rest of the world. For example; with only 16% of the global population, Africa's diseases account for 26% of the global disease burden (UNAIDS, 2022). The continent continues to suffer with high mortalities for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (NTDs) and in the recent past, Non-communicable Diseases (NCDs) have emerged as a serious threat expected to take over communicable diseases by 2050 (Nxasana, Oladimeji, Pulido-Estrada, & Apalata, 2022).

The inherited colonial order has sustained underlying societal weaknesses across the continent such as; the exclusion of communities and peoples; marginalisation of indigenous knowledge and cultures; reinforcement of hierarchies and sustenance of various forms of oppression including misogyny, tribalism, homophobia, sexism and others.

Neocolonial reality

On the other hand, the assistance from Global North Institutions and much of the Developed World continues to depict nuances of the colonial and neocolonial reality. For example, the western saviour mentality of charity structured as quick fixes and superficial interventions rather than systemic transformative undertakings to holistically address developmental challenges continues to be the approach to Africa's development (Naylor & Blackwell, 2022). The recent COVID-19 pandemic has shed light on the failures of the global health architecture with the overwhelming vaccine inequities characterized by delays, shortages and outright inaccessibility even to procure COVID vaccines, and therapeutics in much of Africa is the norm until today (Parikh & Ottenhoff, 2022). By mid-2022 less than 3.2% of communities in Africa had received boosters compared to 66% in Asia, 10% in North America, 13% in Europe and 9% in South America (Development Reimagined, 2022). And hence COVID-19 continues to be a crisis and yet the rest of the developed world has almost returned to normal while most of the communities in Africa continue to suffer from its impact with no support in sight.

For example, the western saviour mentality of charity structured as quick fixes and superficial interventions rather than systemic transformative undertakings to holistically address developmental challenges continues to be the approach to Africa's development.



Community members in Bwaise, an urban slum in Kampala taking charge of solid waste management under the support of a local NGO's grant funding. Photo by Frank Gramsen Kizza-Innovations for Development

The impact of COVID-19 and the Europe-Russian conflict has ravaged nearly all economies in Africa causing millions of people to descend into poverty. In Uganda and much of sub-Saharan Africa, inflation is above 9% for essential commodities especially imported food like cereals, vegetable oil, rice, etc. This has exacerbated food insecurity and famine which have dragged more people into poverty (Kovacs, Bolhuis, & Haines, 2022).

Just like in the old times, the Global North response to Africa's contemporary challenges continues to reflect colonial bias in priority. To address the health challenges, the approach is mainly driven by perceived global health security risks apportioned to Africa's diseases of security concern by some international actors (Garrett, 2007). The securitization of health continues to dictate strategic disease priorities rather than the health burdens populations have. This explains why some of Africa's serious health crises like malnutrition, Sanitation, NCDs, NTDs, etc. continue to

attract minimal attention, especially in research, and funding from Global Health Institutions and yet millions are affected or die from them each year (Noko, 2020). Additionally, health challenges like the poor sanitation crisis attract very little funding and yet it's one of the major drivers of the malaria pandemic which claims the lives of thousands across sub-Saharan Africa. Donors are more focused on quick fixes such as foreign imported mosquito bed nets for malaria rather than addressing the systemic health challenges and the environmental crisis caused by climate injustice.

The securitization of health continues to dictate strategic disease priorities rather than the health burdens populations have.

Africa's voices continue to be undermined

Notable also, are the channels through which development is delivered in sub-Saharan Africa. Nearly 97% of development aid and humanitarian assistance is through international agencies, INGOs and private companies from the Global North (The Sharetrust, 2022). These actors design solutions to Africa's development challenges often without any consultation with affected communities or national and local authorities. Community participation and voices, especially by the affected persons continue to be marginalized. Evidence of corruption, wastage, duplication and abuse continue to manifest, often going unreported or swept under carpets by the aid agencies. For the most part, communities are too timid to challenge the status quo and some governments are equally corrupt or weak to act (Adeyi, 2021).

Furthermore, the characterization of the world into binaries of 'developed' versus 'developing' has undermined and minimized Africa's contribution to its development and created notions even among communities in Africa that developed countries are only benefactors. This language depicts communities as victims, lacking agency, and or passively waiting to be 'saved' by the developed north and that anything local, or indigenous is of less or no value whatsoever (Lawrence, 2022). On the other hand, it has led to the neo-dependency of Africa onto the West rather than eroding capacity to build from within.

These actors (like international agencies) design solutions to Africa's development challenges often without any consultation with affected communities or national and local authorities. Community participation and voices, especially by the affected persons continue to be marginalized.

For decolonisation to effectively happen, some changes must be made to do away with the colonial legacies that plague development today.

- Global governance institutions like the UN, WHO etc. need urgent reform to steward the world to a multiversal order free from the current hegemony by the few powerful actors.
- Representation matters, Africa must have a permanent seat at Security Council where key global decisions are taken.
- Aid infrastructure is precolonial and outdated and hence must be recalibrated to fit the new reality. For example, aid, as it is, can't address key development challenges in Africa.
- Voices and perspectives of local communities should be centred in the development discourse rather than being marginalized by several actors including leaders, development partners etc.
- There is a need to approach Africa's development challenges systemically and not through short-term fixes. Global health should do away with the norm of supporting short-term fixes to challenges that fit perfectly into funding cycles and easily produce results. Long-term thinking and funding are required as well as building infrastructures of local communities to strengthen them to stand on their own even when funding ceases.

Aid infrastructure is precolonial and outdated and hence must be recalibrated to fit the new reality. For example, aid, as it is, can't address key development challenges in Africa.

References

- Adeyi, O. (2021). Global health, narcissistic charity, and neo-dependency. *Development Today*.
- Development Reimagined. (2022). 25 African countries aren't yet giving covid19 vaccine boosters. Here's why. Retrieved from <https://developmentreimagined.com/2022/11/02/africacovid19boosters/>
- Garrett, L. (2007). The challenge of global health. *Foreign affairs*, 14-38.
- Kovacs, P., Bolhuis, M., & Haines, C. (2022). *Tackling Rising Inflation in Sub-Saharan Africa*. Retrieved from <https://www.imf.org/en/Blogs/Articles/2022/10/20/africas-inflation-among-regions-most-urgent-challenges>
- Lawrence, S. E.-L. (2022). The Majority World – what's in a phrase? Retrieved from https://www.philanthropy.org.au/blog/view/The-Majority-World-whats-in-a-phrase?utm_medium=email&utm_campaign=PW%20351%204%20November%20%20PUBLIC&utm_content=PW%20351%204%20November%20%20PUBLIC+CID
- Naylor, N. a., & Blackwell, N. (2022). Freeing Ourselves from Colonial, White Savior Models of Philanthropy. *Nonprofit Quarterly (NPQ)*.

- Noko, K. (2020). Medical colonialism in Africa is not new. Retrieved from <https://www.aljazeera.com/opinions/2020/4/8/medical-colonialism-in-africa-is-not-new>
- Nxasana, N., Oladimeji, K. E., Pulido-Estrada, G.-A., & Apalata, T. R. (2022). Prevalence of HIV and Selected Disease Burden in Outpatients of Primary Health Care (PHC) Facilities in Rural Districts of the Eastern Cape Province, South Africa. *International Journal of Environmental Research and Public Health*, 19(13), 8003. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC92656...>
- Parashar, S., & Schulz, M. (2021). Colonial legacies, postcolonial 'selfhood' and the (un) doing of Africa. In (Vol. 42, pp. 867-881): Taylor & Francis.
- Parikh, N., & Ottenhoff, J. (2022, October 25 2022). The astoundingly unequal global COVID-19 response. Retrieved from <https://data.one.org/data-dives/covid-19-response/#Why-are-we-moving-so-slowly?>
- The Sharetrust. (2022). Local Coalition Accelerator. Retrieved from <https://static1.squarespace.com/static/5b2110247c93271263b5073a/t/6375306aa18ada4c9b8efdc5/1668624496452/Local+Coalition+Accelerator+Summary+November+2022.pdf>
- UNAIDS. (2022). Investments in HIV, health and pandemics are vital for economic recovery in Africa. Retrieved from https://www.unaids.org/en/resources/presscentre/featurestories/2022/february/20220215_investing-in-health



Joviah Gonza serves as the advocacy officer for Innovations for Development (I4DEV). She also plays the key role of developing and coordinating the implementation of the strategies of the Decolonising Health in Africa working group under the Kampala initiative. Joviah is also an Environmental Health officer with experience in health research and community health. Email



Danny Gotto serves as the Executive director of Innovations for Development (I4DEV), a non-profit organization championing innovations that solve society's most intractable health challenges in Uganda. He is a Public Health Physician with over 20 years of hands-on experience designing and implementing health system-strengthening interventions, and community health initiatives. Danny is a visionary and champion of the Right to Health in sub-Saharan Africa. Email

Kontakt

Deutschschweiz

Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicmundi.ch

Suisse romande

Route de Ferney 150
CP 2100
CH-1211 Genève 2
Tél. +41 22 920 08 08
contact@medicmundi.ch

Bank details

Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX