The Coloniality of Global Health and Africa's Epistemic Dependence on The West in the Covid-19 era: Need for Decolonization of Knowledge.

Marcel, Jachin Anyiam
Department of Political Science, Nnamdi Azikiwe University, PMB 5025,
Awka, Anambra State, Nigeria
ja.marcel@unizik.edu.ng
+2348063930435

Abstract

The coloniality of global health and its corresponding impact on the future of Africa has become a subject of intense debate among researchers and scholars alike. Africa's epistemic dependence on the West during outbreak of any pandemic, especially in the Covid-19 era clearly describes the place of Africa in the global health politics. This study therefore examines the dangers associated with Africa's acceptance of epistemic rejection by the West. The study poses the following questions: Does the coloniality of the global health by the West account for the Africa's inefficiency in providing solutions to global health challenges?. To what extent does the epistemic dependence of Africa on the West inhibit African researchers from providing solutions to the global pandemics such as Covid-19? The methodology adopted in this study is the qualitative method. Findings of the study shows that there is a strong relationship between Africa's epistemic dependence on the West and the Africa's predicament in the face of any global pandemic as well as other global health challenges. The study recommends inter alia that if Africa is to be relevant in the global health politics, Africans must put up a nonviolent and intellectual struggle until decolonization of knoweedge is achieved.

NG-Journal of Social Development

Vol. 12 Issue 1 (2023)
ISSN(p) 0189-5958
ISSN (e) 2814-1105
Home page
https://www.ajol.info/index.php/ngjsd

ARTICLE INFO:

Keyword:

Coloniality, Epistemic, Dependence, Global Health, Covid-19, Decolonization

Article History
Received 30th July 2023
Accepted: ,27th September 2023
DOI:

https://dx.doi.org/10.4314/ngjsd.v12i1.8

1. Introduction

Health related issues are considered important in all countries across the globe. This is as a result of its inherent capacity to have catastrophic spill effect on the other countries around the globe. Challenging health issues such as pandemics spread like wild fire and have in the past resulted in the death of millions of people across the globe. There are no boundary restrictions to challenging health issues. A pandemic that started in one country in the western world can spread within seventy-two (72) hours to other continents. Thus health related issues are of utmost concern to global leaders and this has ostensibly given rise to the politics of regulating global health.

Global health and its regulation seems to have generated more ripples than any other issue in the recent time. There seems to be contention between the global South and the global North on the regulation of the global health. There has indeed been a growing concern on the issue of global health. Scholars have argued that the global North (West) in this contest have taken up the role of global health rule maker while the South have accepted to follow global health rules issued by the global North. It is obvious that the fundamental decisions affecting the lives of the global south especially Africa are made and implemented by the global North (West) in pursuit of their interest. Thus the issues of global health is today being colonized by the West. Hence, epistemic inventions from the global South in general and Africa in particular are roundly rejected and dismissed by the West, especially in the face of any global pandemic such as Covid-19. Meanwhile the continent of Africa continue to serve as a source of medical raw materials for the West. In most cases the knowledge for the usage of these medical raw materials are extracted from Africa by the West.

Collaborating this fact, Meek, (2023) contested that "new emergencies and crises – such as Antimicrobial Resistance (AMR) –continue to generate panic, forming part of global health's discursive African tragedy: the uncritical epistemic industry that has long produced knowledge of African development as a monolithic and primordial tragedy". He stated that this narrative disregards the extensive period of neoliberal deregulation, which resulted in the inadequate allocation of resources to several healthcare systems throughout Africa. In addition, Africa functions as a primary supplier of raw materials for pharmaceuticals and as a repository of medical knowledge for developed countries. According to the author, these dynamics have significance; yet, they constitute just a fraction of the many narratives that must be recounted in the quest for African health justice.

The COVID-19 pandemic, along with its predecessor, the AIDS pandemic, has highlighted the evident disparities in medical knowledge and accessibility to therapies within a global context that continues to be affected by profound and persistent colonial legacies. In the context of Africa, this has included assuming a role as the passive beneficiary of both financial assistance and external action. However, the continent has been a significant source of information, resources, and technology, both historically and now. The concept of Africa's perceived epistemic deficiency played a crucial role in the justification of colonial medical treatments, including activities ranging from social manipulation to ecological testing and human subjects research (Meek, 2023).

Today Africa is at the receiving end of the global health politics as a result of the erroneously conceived idea of Africa's health epistemic lack. As a result, nothing that comes from Africa in terms of knowledge is considered good or potent by the global North. During the outbreak of Ebola and Covid-19 pandemics, a lot of Africans developed vaccines for the treatment of such viruses.

These vaccines were potent and effective in the treatment of such viruses. Unfortunately, those vaccines that were discovered by Africans were roundly condemned by the medical scientists from the Global North. On the other they suggested during the outbreak of Covid-19 that vaccines made in the Global North should be tested on Africans.
Even in cases where producers of African traditional medicine demonstrated capability of producing health knowledge epistemic of global significance by providing permanent cure to Covid-19 that was then defying all attempt by the Global North, their effects were ridiculed by the Western media and agencies. For instance, the development of Artemisia remedy for Covid-19 by Madagascar a country in Africa was rejected and ridiculed by the West. Unfortunately, fellow Africans accepted this ill-conceived rejection of Madagascar's Covid-19 remedy by the West without asking any question. Then vaccine made by the western scientists were imposed on all the countries in the African continent. This paper is a call for Africans to reevaluate the value of traditional alternative medicines and thus pull a resistance to global health initiative by the West. This paper is guided by two research questions: Does the coloniality of the global health by the West account for the Africa's inefficiency in providing solutions to global health challenges?; To what extent does the epistemic dependence of Africa on the West inhibit African researchers from providing solutions to the global pandemics such as Covid-19?.

2. Methodology

The paper adopted a qualitative research design. Descriptive method was used which facilitated a critical evaluation of the influence of the global health initiative on Africa's epistemic dependence on the West, especially in the face of Covid-19 pandemic outbreak. The paper is theoretical in nature and basically draws it's arguments from content analysis of secondary data.

Empirical Review

Hellowell and Schwerdtle (2022) defined global health as an endeavour that aims at the worldwide improvement of health; and global health institutions as the entities primarily concerned with advancing this aim. Meek (2023) examined the historical origins of the politics surrounding global health, highlighting the colonial past as a pivotal period. In this context, Meek noted that Africans were exposed to medical experimentation by colonial governments, a practice that occurred without obtaining their informed permission. Frequently, African patients were pressured or tricked into undergoing very distressing and incapacitating treatments, such as those used for the treatment of sleeping sickness. The author additionally argues that the concept of Africa serving as a location for the acquisition of unprocessed health data persists in the contemporary era. This is exemplified by the actions of pharmaceutical corporations such as Pfizer, who conducted potentially lethal clinical trials for meningitis without obtaining informed consent. Furthermore, blood samples from Africa have been utilised to develop Ebola vaccines for the benefit of the global North, with profit as a primary motivation.

Quijano (2000) argues that coloniality encompasses various hierarchical systems, including racial, political-economic, social, epistemological, linguistic, and gendered orders, which were established by European colonialism. These systems have persisted beyond the process of decolonization and continue to perpetuate oppression in alignment with the interests of pan-capital accumulation, encompassing both economic and cultural/symbolic aspects. Instances of these phenomena encompass racism, religious bias, economic exploitation, regulation of gender and sexuality, and exertion of authority over subjectivity and knowledge (Dubois, 1987; Nkrumah,

1965; Rodney, 1972; Amin, 1973; Fraser, 1989; Stoler, 1995; Butler, 2006; Lugones, 2007; Mignolo, 2007).

According to Grosfoguel (2007, p. 217), the intricate and diverse global frameworks established throughout a span of four and a half centuries did not dissipate following the juridical-political process of decolonization in the periphery during the preceding five decades. The prevailing socio-political framework in which we find ourselves remains entrenched within the enduring colonial power matrix. Through the process of juridical political decolonization, humanity has transitioned from an era characterised by widespread global colonialism to the present epoch marked by the prevailing condition of global coloniality. According to Ake (1982) the distinction between epidemiology as an unbiased scholarly endeavour and epidemiology as an accomplice to contemporary imperialism are a matter of how one gathers facts. Adam (2016) argues that the fundamental field of public health is engaged in concealing worldly and historical conditions beneath a seemingly strict scientism. The limited enhancements in welfare provided by the field of global public health research serve as a façade for the actions of powerful individuals and their exploitative mechanisms (Burgis, 2016; Hickel, 2018).

The burgeoning discourse surrounding the importance of decolonising the field of global health has witnessed a notable escalation in recent years, as evinced by the exponential proliferation of scholarly works dedicated to elucidating and interrogating this multifaceted construct. The present corpus of scholarly literature, hereinafter referred to as "the literature," utilises the conceptual frameworks and interpretive lenses of Critical Race Theory and its associated examinations of structural racism within Western nations. Additionally, it incorporates postcolonial theory and its corresponding analyses of colonialisms, encompassing cultural, psychological, and material ramifications and enduring influences, particularly within the global South. The scholarly discourse highlights the presence of asymmetries in the allocation of epistemic authority and decision-making capabilities within the realm of global health. It posits that these asymmetries are rooted in the historical context of colonialism and persistently confer advantages and empowerment upon certain individuals, contingent upon their racial and ethnic backgrounds, as well as their geographical origins. Specifically, the marginalised faction encompasses indigenous communities and ethnic minorities residing in the Global North, while black individuals and people of colour in the Global South find themselves similarly disadvantaged (Hellowell and Schwerdtle, 2022).

Localism Theory

Localism encompasses a diverse array of political ideologies that prioritise the local sphere. Localism is a socio-political ideology that advocates for the prioritisation of local production and consumption of commodities, local governance, and the preservation and promotion of local history, culture, and identity. The primary objective of localisation is to facilitate the economic diversification of communities worldwide, allowing them to meet a significant portion of their requirements from nearby sources. It is important to note that localisation does not advocate for the complete elimination of commerce, contrary to the claims made by some detractors. The objective is to establish a more robust and enduring equilibrium between international commerce and domestic production (Norberg-Hodge, 2003).

Uphoff (2013) writes that the notion of 'local' implies the following; 'localities' such as a network of 'local industries', 'communities' and 'groups', emphasis is placed on the spatial. Local should

not be confused with simply, what is not international or national. According to him, local should display a sense of collectivity. It is argued that when people are connected through a locality then they feel a greater responsibility toward each other and a mutual understanding as well as the ability to mobilise and manage resources. He suggests that these levels of solidarity and local self-reliance do not happen without leadership and in some cases institutional backing. Localist movements frequently mobilise in favour of locally owned, autonomous enterprises and non-governmental organisations. The primary emphasis of this particular facet of localist activism revolves around the principles of "buy local," "support local products," "bank local," and "promote increased local ownership."

A significant number of individuals who identify as localists express apprehension regarding the multifaceted challenges faced by developing nations. There exists a prevailing advocacy for developing nations to strategically prioritise the cultivation of their domestic goods and services as a means of emancipating themselves from what they perceive as inequitable trade dynamics with the developed world. According to George Monbiot, the aforementioned notion fails to acknowledge the reality that, despite the frequently unfavourable terms of trade imposed upon developing nations, abstaining from engaging in trade altogether would inflict a substantial setback, given the imperative need for these countries to generate revenue through commercial activities.

Localising economic activity for some theorists (Berry (2001), Morris (1996), Shuman (2000) is the most effective solution to some of the problems created by a more globalised world. By localising production and consumption, it is argued that, on a local level, communities are able to make more informed and sustainable choices, preserve their environment and improve quality of life. If African scientists and researchers are to take responsibility for developing traditional vaccines for pandemics in such a way that it will significantly contribute to the independence of Africa from the shackles of global health politics cum international aid, then schemes to increase and strengthen the efforts of local scientists and researchers must be matched with adequate institutional backing rather than remaining confined by the monopolizing of the global health by West and/or multinational corporations.

Despite the many positives of localisation outlined above, there are also many reasons why Localization may not provide all of the answers to sustainable development challenges. Localisation may be seen by some as restricting freedom and choice, corporate powers might argue that globalisation and global trade keeps supermarkets stocked with diverse and interesting produce, that consumers demand cheap disposable fashions and home ware. It is also argued that global corporate activity provides employment and revenue for countries. Dupuis and Goodman (2005) also present a critical analysis of theories of localisation. It is stated that the theories of localism tend toward the utopian; portraying the global as the tyranny of capitalism and the local as a conscious and ethical site in which local identity and norms are embedded in the community.

Uphoff (2013) also draws attention to the mistake of presuming that local institutions are necessarily more sustainably minded. By simply increasing the power of local institutions without other provisions to avoid domination, local institutions may choose to exploit resources for short-term gain. In addition, institutions with regulatory powers must be democratically accountable.
In order to avoid the pitfalls described, authors such as Guthman (2004) and Young (2001) argue for a more process-based and open ended understanding of localisation. It is also suggested that a change is needed in the hegemonic discourse of the local as a site of anti-capitalism and

geographical locality as the most important site of strength and autonomy. In short the localisation movement would need to move from the utopian to the open ended and organic. Despite the afore mentioned limitations of the localism theory, the study still find it relevant in study of global health politics and it's corresponding impact on the development of African health care delivery system

This theory is vital to this study as it contends that legislation, regulations, and policies should be devolved from the central government to the local government, which is closer to the people. The objective of devolution is to ensure that the locals actively participate in critical decision - making processes of matters that affect them as they know best what can bring value to them. The development of legal frameworks shifts from the national approach to the centre of the people significantly affected by such extraction. This is achieved by involving them in developing, implementing, and valuating these policies and legal frameworks. The participation of the people helps achieve the tenets of democracy through public participation, ensure that there is an efficient legal framework that considers the interests of the community and ultimately achieve economic development of the locality.

The need for African Union (AU) to develop local content policy in the health sector is anchored on the fact that it's a wonderful policy that if strictly implemented is capable of placing Africans (local scientists and researchers) in full control of the African health policies and response to emergencies in the face of any pandemic, thereby making them to maximally contribute their quota to the decolonization of global health which would drastically reduce Africa's epistemic dependence on the West and by extension eradicate diseases in Africa. Unfortunately, the western capitalists in corroboration with the indigenous capitalists frustrate such attempt by determining the way global health policy is perceived and implemented in the Africa.

The Place of Africa in the Global Health Politics

The West have created a dichotomy between them and Africa with respect to making decisions about global health and associated challenges. There is a new form of colonialism going on around the world with Africa at the receiving end. Today, the West determine the direction of the global health activities. The west take global health decisions and force African countries to implement them without any form of objection. Unfortunately, various indigenous health decisions that are supposed to be taken by African countries in line with their respective needs are generally given by the dictates of the West who are the global health colonizers. Effect by the Western countries to force their decisions on the throat of Africans has resulted in the global health inequities between Africans and West.

Chattu et al., (2021) observed that Africa is now confronted with the triple burden of communicable illnesses, non-communicable diseases (NCDs), and nutritional problems. Throughout history, there has existed the tendency for multilateral organisations, bilateral partnerships, and philanthropic organisations to prioritise economic growth over health-related issues. According to his perspective, this emphasis has led to the emergence of underperforming healthcare systems and insufficient readiness in the face of disease outbreaks. He also argued that African nations have ongoing challenges in their efforts to establish resilient health systems for disease management, which are capable of effectively addressing the numerous epidemics that afflict the continent. According to his perspective, effectively managing disease management in the realm of politics necessitates the establishment of collaborative alliances that can accommodate the varying interests of several stakeholders.

According to Timori (quoted in Bajaj, 2022), it is argued that Western assistance is not effectively contributing to the development of Africa. According to his perspective, the provision of Western assistance to Africa is contributing to an increased reliance on the West. Inevitably, there are disparities in global health. According to the speaker, the primary concern is in the excessive dependence of African nations on Western countries, a circumstance that does not align with a prosperous trajectory. The public health systems in Africa have historically had a chronic lack of financial resources. The member nations of the African Union made a commitment known as the Abuja statement in 2001 when they agreed to allocate 15% of their respective national budgets towards healthcare expenditures. Only five countries, namely Ethiopia, Gambia, Malawi, Rwanda, and South Africa, have successfully executed the aforementioned policy over a span of twenty years. However, he refuted the concept that western generosity is the solution. According to his perspective, it is advised to refrain from accepting the narrative that characterises Africa as impoverished. Our current financial situation does not stem from a lack of resources, but rather from our failure to effectively use the resources available to us.

According to Bajaj (2022), African nations need enough resources to effectively combat infectious illnesses, including not only early pathogen detection but also the provision of essential tools such as personal protective equipment, antiviral medications, and vaccines. Regrettably, it has been observed by the African Centres for Disease Control and Prevention that a significant portion of the required medical equipment and supplies are mostly produced outside the African continent. According to Mombouli (as stated in Bajaj, 2022), it is emphasised that Africa's current vaccine imports account for 99% of its total vaccine supply. The author proposes the use of innovative vaccination technology as a means to effectively control the proliferation of illnesses inside the African continent. Tomori's progress is anticipated to be gradual, since Afrigen is projected to start clinical trials in the latter part of this year, and vaccination approval is anticipated to occur in 2024. However, several measures may be undertaken in the meantime. According to his perspective, African nations have the potential to make direct contributions to many elements of the value chain, extending beyond fill-and-finish activities. For example, one may engage in the production of glass vials, while another could specialise in the manufacturing of rubber stoppers. Similarly, another entity may focus on the production of testing swabs, and so on. Every nation is not obligated to engage in complete end-to-end production, but they need to initiate their efforts rather than passively rely on international assistance.

In the global health Africans are getting foolish deal because they bring nothing to the table. And they bring nothing to the global health table not because they lack the capacity, skill and expertise to do so, but because the West is frustrating every attempt at meaningful advancement in health care industry in Africa through African leaders. The essence of this is to keep Africa wholly dependent on the West. Sadly when vaccines are produced in Africa they require approval from the World Health Organization which is chaired by the West. Unfortunately, the required approval hardly come.

Need for Decolonization of Knowledge

Clamors for African decolonization of knowledge in the global health have increased over the years, as evidenced by the increasing growth of research works on this field. African countries ought to learn lesson from the experience of West Africa Ebola outbreak in which the West rejected every possible epistemic solution from African researchers. The claim by researchers from different African countries such as Madagascar, Cameroon etc met stiff opposition from the West

and the World Health Organization (WHO) as those claims were declared false and therefore not potent. According to World Health Organization (WHO, 2020a). There are about 100 possible candidate vaccines for Covid-19. Worried by the inequity in the global health, Kuznia (2020) noted that there is a question about objective and transparent procedures for shortlisting and selecting candidate vaccines to be tested.

In the words of Tangwa; Brown and Shroeder (2018) talk of potential vaccine trials in Africa saw a huge social media outcry with the hashtags #Africans Are Not Guinea Pigs and #Africans Are Not Lab Rats, reminiscent of historical research exploitation of African populations. He stated further that in a number of these social media posts, it has been suggested that for Covid-19 vaccine trials to take place in Africa, the first volunteers should be drawn from funders, scientists or government officials.

Hallowell and Schwerdtle (2022) argue that within the realm of global health, there are two interconnected but separate arguments about knowledge and its applications. One allegation posits that the information possessed by individuals from or residing in the Global South is not acknowledged within the field, thereby leading to its poor representation in decision-making processes. As individuals engaged in the field of global health scholarship and practice, we acknowledge that local expertise, which refers to the knowledge and insights possessed by individuals who are closely connected to the issues under consideration and the specific settings in which they arise, tends to be accorded less recognition compared to the expertise of an international kind. Frequently, the lack of rationale for this imbalance is evident, and the most advantageous perspectives and strategies emerge from the amalgamation of superior theoretical and practical knowledge from many origins. In light of this, the exclusion or marginalisation of Southern knowledge, which encompasses local skills, institutions, conventions, and preferences, would inevitably diminish the discipline's efficacy. They consider useful, the endeavour of decolonialist researchers to draw more attention to this issue.

Furthermore, it is worth noting that an additional, albeit less persuasive, assertion posits the existence of divergent epistemologies among various social collectives. This line of thought suggests that there are distinct modes of knowledge and knowledge construction attributed to individuals of white, Western descent (commonly called oppressors), as well as alternative modes ascribed to other marginalised groups (often labelled as the oppressed). The differential elevation of the former in relation to the latter can be understood as both a manifestation and a consequence of systemic inequity. Within this discourse, a contention arises that the prioritisation of knowledge derived from research, as opposed to experiential knowledge, is inherently inequitable, thereby perpetuating and solidifying existing asymmetries. In the course of expanding upon the present analysis, one is compelled to interrogate the legitimacy of entire academic disciplines. The field of epidemiology is often characterised as a domain in which individuals of the bourgeois empiricist persuasion construct tabular models predicated upon assumptions derived from the vantage point of prevailing interests, thereby obfuscating the presence of forcefully acquired advantages. Consequently, it becomes evident that a process of decolonization is imperative for this particular discipline (Hellowell & Schwerdtle, 2022).

The current trend in the politics of global health, where Africa is seen not as equal partners but as lesser partners who has nothing and/or no knowledge to contribute to the decisions affecting global health, made the call for decolonization of global health expedient and timely. African cannot continue as testing grounds for vaccine produced by the West, even when better options in

traditional medicine is achievable in Africa. Need for Africa's decolonization of knowledge is anchored on three (3) issues; first, is the debate that global health greatly favours knowledge from the West and disparages knowledge from Africa and that global health is contextualized by the Western perception of what constitute global health and its practices. How can the purported goals of the global health be achieved when it has been designed by the west to undermine reject and dismiss valid claims of scientific knowledge, skills and expertise originating from Africa.

Conclusion

The purported foundations of the global health sector, rooted in the Universalist ideal, exhibit incongruity with the prevailing modes and patterns of epistemic marginalisation experienced by Africa in the realm of global health affairs. As exemplified by the International Covenant on Economic, Social and Cultural Rights, global agreements of a treaty nature impose an obligation upon participating states to guarantee the absence of discriminatory practises in the pursuit of universal access to healthcare, thereby safeguarding the fundamental rights to the health of all individuals. In light of the aforementioned discourse, it is imperative to assert that the World Health Organisation (WHO) should duly advocate for a global health paradigm that ensures equitable opportunities for scientific knowledge emanating from all nations across the globe to undergo rigorous clinical trials. This initiative will facilitate the cultivation of collaborative dynamics among medical researchers, transcending the boundaries of race, religion, and creed, thereby engendering a collective sentiment of inclusivity and belongingness for all individuals involved.

Unfortunately, in Africa attention is not paid to the expansion and development of the health system. Many health ministries in Africa have abandoned their health care delivery systems to the detriment of the health of their citizens. Hence, Africans die over minor health challenges due to the abysmal performance of the health care system in Africa. It is not gain saying the fact that virtually all African countries are always unprepared in the face of any outbreak of pandemic. This is because Africa failed to look inwards for solutions to global health challenges, but rather look up to the West to provide the lead. Thus, it is safe to conclude that there is a strong relationship between Africa's epistemic dependence on the West and Africa's predicament in the face of any global pandemic as well as other global health challenges. Undoubtedly, the coloniality of the global health is simply a continuity of the imperialist conquest of Africa by her oppressors. Therefore, Western supremacy in the global health politics should be rejected by all African countries. This can be achieved when Africans decolonize global health by looking inwards, valuing and giving support to scientific health knowledge originating from African researchers. This is indeed a venture that must be pursued if Africa must find her footing in the global health politics.

4. Recommendations

1. That if Africa is to be relevant in the global health politics, Africans must put up a non-violent and intellectual struggle until decolonization of knowledge is achieved.
2. Government of African countries should vehemently demand for decentralization of authority in the global health which is as at today western oriented.
3. That Abuja declaration of 2001 by the African Union in which member states pledged to spend 15% of their national budgets on health should be revisited, reviewed upward and implementation enforced. Most importantly, defaulting member states should be sanctioned.

4. African Union should in all fairness encourage co-operation and collaboration among researchers from all member states to foster synergies that will provide African remedies in the face of any outbreak of pandemic.
5. African Union should develop a unified local content policy in the health sector which should be given legislative backing by all the member states. This unified Afrocentric local content policy should grant adequate institutional backing to the medical researchers both traditional and orthodox as well as protective of their intellectual outputs.

References

Adams, Vincanne, ed. (2016). *Metrics: What Counts in Global Health.* Durham, NC: Duke University Press.

Amin, Samir, (1973). *Neo-colonialism in West Africa.* Edited by Francis McDonagh, New York: Monthly Review Press.

Bajaj, S. (2022) African Scientists Say Western Aid to Fight Pandemic is Backfiring. Goats and Soda, November 4, 2022.

Berry, W. (2001). The idea of a local economy, Orion V. 20(1) pp. 28-37.

Burgis, Tom. (2016). *The Looting Machine: Warlords, Oligardis, Corporations, Smugglers, and the Theft of Africa's Wealth,* New York: Public Affairs.

Butler, Judith. (2006). *Gender Trouble: Feminism and the Submersion of Identity.* New York: Routledge.

Chattu, V.K; Singh, B; Kaur, J and Jakovljevic, M. (2021). Covid-19 Vaccine, Trips, and Global Health Diplomacy: India's Role at the WTO Platform. BioMed Research International, https://doi.org/10/1155/2021/6658070.

Dubois, W.E.B. (1987). *Writings: The Suppression of the African Slave-Trade/The souls of Black Folk/Dusk of Dann/Essays and Articles.* New York: Library of America.

Dupuis, M. and Goodman, D. (2005). Should we go Home to eat? Towards a reflective policies of localism, Journal of Rural Studies V. 21 pp. 359 – 371. Do:10.1016/j.jrurstud.2005.05.011.

Fraser, Nancy (1989) *Unruly Practices: Power, Discourse, and Gender in Contemporary Social Theory,* Minncapolis: University of Minnesota Press.

Grosfoguel, Ramon, (2007). 'The Epistemic Decolonial Turn: Beyond Political-Economy Paradigms'. *Cultural Studies* 21 (2-3): 211 – 23.

Guthman, J. (2004). Agrarian Dreams: The Paradox of Organic Farming in Carifornia, Berkeley: UC Press.

Hellowell, M. and Schwerdtle, P.N. (2022). Powerful Ideas? Decolonization and the Future of Global Health. National Library of Medicine dio:10.1136/bmjgh-2021-006924.

Hickel, Jason (2018). *The Divide: Global Inequality from Conquest to Free Markets.* New York: W. Norton & Company.

Kuznia, R. (2020). *Thousands of People Want to be Exposed to Covid-19 for Science.* Available at: https://edition.cnn.com/2020/05/13/us/coronavirus-human-challenge-study-invs/index.html (accessed 10th August 2023).

Lugones, Maria (2007). 'Heterosexualism and the Golonial/Modern Gender System'. *Hypatia: A Journal of Feminist Philosophy* 22 (1): 186-209. https://doi.org/10.2979/hyp.2007.22.1.186.

Meek, L. (2023). The Coloniality of Global Health afrieasacountry.com

Mignolo, Walter D. (2007). 'Introduction: Coloniality of Power and De-Colonial Thinking'. *Cultural Studies* 21 (2-3): 155 – 67.

Morris, D. (1996). Free trade: the great destroyer in Mander, J. & Goldsmith, E. (Eds). The case against the Global Economy and for a turn Towards the Local Sierra Club Books.

Nkrumah, Kwame, (1965). *Neo-Colonialism, The Last Stage of Imperialism.* London: Thomas Nelson & Sons Ltd.

Norberg-Hodge, H. (2003) Globalization: Use it or lose it, The Ecologist, VO. 33 (7), pp. 23 – 25.

Quijano, Anibal (2000). 'Coloniality of Power, Eurocentrism, and Latin America'. *Nepantla*: Views from South 1(3): 533-80.

Rodney, Walter, (1972). *How Europe Underdeveloped Africa.* London: Bogle-L'Quverture.

Shuma, M. (2000) Going Local: Creating Self-reliant Communities in a Global Age. Routledge.

Stoler, Ann Laura (1995). *Race and the Education of Desire: Foncault's History of Sexuality and the Colonial Order of Things.* Durham, N.C: Duke University Press.

Tangwa, GB, Browne K. and Schroeder, D. (2018). Ebola vaccine trials. In: Schroeder D. Cook J, Hirsch F., et al (eds). *Ethics Dumping: Case study from North-South Research Collaborations.* Cham: Springer International Publishing. 49 – 60.s

Uphoff, N. (2013). Local Institutions and Participation for Sustainable Development Gatekeeper Series No. 31, International Institute for Environment and Development, Available at: pubs.iied.org/pdfs/604511ED.pdf.

WHO (2020a) Draft landscape of COVID-19 candidate vaccines. Available at: https://www.who.int/publications/m/item/draft-lanscape-of-covid-19-candidate-vaccines (accessed 27 May 2020).

Young, I.M. (2001). Activist Challenges to Deliberative Democracy, Political Theory V. 9 (5) ppp. 670 – 690.