recommendations into standards of good practice. That may set the bar for future projects, grants and publications in global health.

Conflicts of interest: None declared.

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The 'decolonization of global health' agenda in Africa: harnessing synergies with the continent's strategic aspirations

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In 2013, Africa adopted a 50-year strategic framework, Agenda 2063, under the vision 'to build an integrated, prosperous and peaceful Africa, driven and managed by its own citizens and representing a dynamic force in the international arena'[1], p.2. The Agenda 2030 for Sustainable Development emphasizes self-sustainability across economic, social and environmental dimensions under the mantra of 'leaving no one behind'.[2] On the other hand, the decolonization of the global health agenda invites reflection on how contextual realities in Africa (and the world) are shaped and perpetuated by historical legacies and ongoing influences of colonialism.[3] There are obvious overlaps among these three development agendas, which beg the question of how synergies can be cultivated across Africa. How can we, as a global community collaborate to advance these aspirations fairly?

The challenge—the need to 'self-decolonize'

Africa faces several development challenges, including high levels of poverty amidst high fertility, disproportionately high burden of morbidity and mortality, unfavourable education outcomes, high donor dependence and limited power in the global (health) arena. These factors threaten progress towards the strategic aspirations espoused in the Sustainable Development Goals (SDGs) and Agenda 2063.[4] Several issues must be overcome to successfully pursue the decolonization agenda in tandem with Africa's development aspirations.

First, the lack of introspection and self-awareness. Many Africa-based development practitioners and researchers are arguably themselves 'colonizers' by conducting research that is not aligned with national and regional plans, never engaging with policymakers or building local capacity. Thus, we also need to 'decolonize' locally. Decolonizing from within involves acknowledging local weaknesses and forging homegrown solutions to improve results.

Second, there are often attempts to force what works in one context to fit in another—for example, simply transplanting best practices from one part of the world into the other without due attention to the contextual realities.

Third and related to the above is the treatment of Africa as a homogeneous entity. The African continent comprises over 50 countries with unique attributes and institutional set-ups. This diversity should be celebrated as part of the uniqueness that Africa has to offer the world. At the same time, this implies that African leaders and experts must customize universal principles, international standards and strategies to regional and national contexts. These realities should be instrumental in shaping development partnerships and strategies in Africa.

The need for mutually reinforcing partnership models for capacity building

Under current conditions of weakened institutions of care, research and higher education, there is a need to think about more egalitarian and inclusive partnership models for capacity building that best fit the African context.[5] There are emerging experiences and initiatives that can inform current and future efforts. The Consortium of Advanced Research Training in Africa (CARTA) (https://cartafrica.org/) and

the SIDA academic partnership between Swedish and Ugandan Universities[6] are excellent examples of doctoral training approaches. The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) (https://medicinehealth.leeds.ac.uk/dir-record/research-projects/972/chepsaa) was an outstanding health policy and system research example.

These collaborations have helped consolidate research and educational initiatives and networking among African institutions and those in the global north. These consortia have common features that can form a set of desirable attributes to look out for when designing similar initiatives. They include (i) being Africa-led, (ii) having regional representation across the continent, (iii) housing the secretariats in Africa, (iv) partnerships with the institutions in the north, (v) pooling funds from various sources and (vi) addressing capacity and policy needs linked to regional, continental and international development agendas. In areas of development, such as public health, 'horizontal models' of training and mentorship partnerships, such as training Africans within Africa, are more sustainable than inviting a few African researchers to Europe or America. Energies should go into building and strengthening regional training facilities and programs customized to Africa and delivered by Africans with support from their peers from high-income countries.

The north should collaborate with Africa in this decolonization agenda, which is effectively an African development endeavour. The 2022 Africa SDG report reaffirmed the role of developed countries in facilitating Africa's efforts towards its aspirations.[4] First, ensuring access to markets and other financial resources with favourable terms to not undermine investment in critical areas. Second, the external funding and technical assistance of western partners would also be catalysed by African-based consortia and research institutions to enable customization of the SDGs and other development efforts to continental, regional and national priorities, capabilities and long-term aspirations. Western partners also need to adopt models of engagement that promote sustainability and are reciprocal—such as working through local institutions instead of the 'projectization' of global health initiatives often led from the West. There is also a need for candid engagements on how to open up the world to scientists from the developing world. For instance, there should be free movement for top scientists. Developed countries should also make it easier for young scientists to move to facilitate the exchange and cross-fertilization of ideas, knowledge and skills.[7]

Conclusion—strong institutions to drive multilevel collaborative actions are fundamental

As funders increasingly explore direct funding of partners from the Global South involved in North–South collaboration, it is important to decolonize global health to benefit Africa. The Agenda 2063 rightly advances that Africa needs to 'harness the continental endowments embodied in its people, history, cultures and natural resources, geo-political position to effect equitable and people-centred growth and development'[1], p.2. Investment in human capital development, especially for Africa's youth, should be a core priority. Without a doubt, a more united Africa, able to speak with one voice and having a shared vision, is a strong force to reckon with in the global arena. As such, Africans also need to decolonize themselves to achieve this unity. With such collective power, Africa can successfully negotiate its way as it pursues its interests in the global space. Of course, Africa needs the West and vice versa, but the relationship must be equitable. Indeed, the synergies between Agenda 2063, SDGs and the decolonization agenda should be harnessed to realize these aspirations.

Conflicts of interest: None declared.

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