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Original Article

Decolonial health literature can increase our thinking about ethics dumping

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Abstract

This article draws on the underexplored or novel accounts of inclusion and the moral accounts of decolonization in African health decolonial literature to increase our understanding of how ethics dumping manifests in health research partnerships, and what more ought to be done to eliminate this phenomenon. African decolonial health literature proposes "inclusion that matters" – conceptualized as substantial, respectful and deep engagement with African agency – as a solution to end domination or mitigate the "appearance" of inclusion. Based on this supposition, the harm of ethics dumping – and I demonstrate how – is that it fails to engage the agency of Africans, and listen to or echo their voices in health and health research collaborations on the continent, or research collaborations that have significant implications for them. This account of inclusion can usefully increase our thinking about ethics dumping, which is ultimately and in several ways a failure to practice responsible science. Research is required to increase our understanding of what could reasonably constitute responsible science from a variety of perspectives.

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Introduction

Health research is increasingly becoming democratized and collaborative, involving multiple partners from different regions, for instance scholars in Africa and elsewhere. As a globalized industry, health research is leveraging partnerships between research institutions in high-income countries and research institutions in low- and middle-income countries. One advantage of health research partnerships is that they facilitate easy data access/sharing.

Whilst health research partnerships have facilitated timeous health discoveries and innovations, poor research governance structures and oversights in Low- and middle-income countries, particularly in some under-resourced African regions and institutions, imply that African scientists may be vulnerable to ethics dumping and exploitation (1). Exploitation and ethics dumping are not uncommon in research ventures in Africa and have been reported by different studies (1, 2). This contribution proposes new ways of conceptualizing and tackling ethics dumping in collaborative health research ventures. In order to address the issue of vulnerability and foster a more equitable research partnership, particularly in African health research, this article demonstrates how the underexplored accounts of inclusion and the moral accounts of decolonization emerging in African health decolonial literature can usefully increase our thinking about how ethics dumping manifests in health research partnerships and what more ought to be done to eliminate this phenomenon.

It is worth stating at the outset that by moral accounts of decolonization, I imply moral thinking about what we ought to do to end domination in health research. Although this is not the only way of thinking about these moral accounts, the description is relevant for my mostly evaluative objective. In this article I intend to demonstrate the implications of these moral imperatives for collaborative health research partnerships in Africa. This methodological approach is advantageous because it responds to the call to inform research in Africa with values dominant on the continent (3). It also contributes to the efforts to articulate African ethical theories of doing research.

Methods

The article draws on the accounts of inclusion and the moral accounts of decolonization emerging in African health decolonial literature to defend the thesis that ethics dumping is a failure to

authentically/substantially engage the agency and perspectives – within the context of this discussion – of Africans in health research collaborations that purport to address their health needs. The article uses a philosophical, analytical method to address the question, "Is ethics dumping a failure to relate authentically?" The methodological approach in defence of the thesis is not uncommon and has been employed by different scholars (4-6). This approach consists of outlining moral norms that can arise from the scholarship on decoloniality and the accounts of inclusion in African health decolonial literature, and using these norms to interrogate key questions regarding ethics dumping. The main parts include the introduction, research design/methods, discussion/body, and conclusion (7).

To justify my claim, I performed a non-systematic search of different databases to retrieve relevant articles. This article relied specifically on published materials in accredited venues like PubMed and PhilPapers to defend the thesis. I retrieved these materials between January 2023 and May 2023, using phrases like "decolonial health literature" and "ethics dumping and research collaboration". My search yielded more than 200 articles that were critically analysed.

Discussion

This part outlines the main harm of coloniality (silencing) emanating from African decolonial health literature mentioned in the first section below. The second section explains how African decolonial scholars defend inclusion as the antidote to this harm. In the final section, the article applies the moral implications of thinking about inclusion in African health decolonial literature for ethics dumping in health research partnerships.

1. Understanding the African Health Decolonizing Literature

The frontiers or scope of the decolonizing literature needs to be clarified. There are contestations concerning how to frame decolonization discourse and its targets. Some scholars frame the discourse within the context of liberating Africans and African countries from the claws of neocolonialism. Framed this way, Africans and Africa become the targets of decolonization. For example, in Nicholas Creary's (8: p. 2) view, "decolonization…is thus the dual task of first, placing African discourses at the centre of scholarship on Africa; and second, of dislocating African humanity from this human-inhuman binary". Also note the following description of decolonization by Ademola Fayemi and Macaulay

Adeyelure (9:p.1), which proposes that decolonization means "a process of self-critical awareness of foreseeing, discovering and avoiding hegemonic institutionalization as well as mental colonization of concepts and disciplines in contemporary African scholarship."

By placing Africa and Africans at the centre of its discourse, decolonization becomes an anticolonial (and anti-western) discourse that progressively seeks intellectual, political, economic, social, infrastructural and epistemic freedom from foreign (mostly white) neocolonialist capitalism. In other words, when decolonization is conceptualized this way, its key aim is to shift – rather than balance – power to Africa and Africans by transitioning the continent and its people to the postcolonial or post-neocolonial phase, emphasizing African authenticity, and demythologizing African inferiority or western superiority.

Admittedly, foregrounding decolonization as a quest for African reclamation has many advantages, like centring Africa in ethical discussions. Yet it is also limited since foregrounding decolonization in this way tends to push decolonial scholars deeper into the psychological state of victimhood or protectionism that effectively walls off the decolonial discourse from those who can benefit the conversation with their insights because they share unmistakable features with the colonials from whom decolonizers seek to be distanced. This seems to be Pedro Tabensky's (10: p. 285) point when they remarked that African philosophy originates from pain, rage and hatred. Speaking from the positionality of rage also harms the agency of participants in the decolonial discourse since it has the potential to 1) reinforce ignorance by uncritically celebrating the African solely for that reason, 2) constrain the horizon of participants, and 3) undermine the possibility of learning new but foreign values that can usefully inform or aid their quest for development (11). There is also a contradiction embedded in this conceptualization of decolonization. As Olufemi Taiwo (12) explains, the political institutions – like the Egba United government in Nigeria – that these decolonial scholars celebrate as Africa because they cater to the specific needs of Africans are, in fact, products of colonial anthropology that they seek to dismantle. This continuity of ideas and institutions between Africa and colonizers demonstrates a complex history of relations that the superficial account of decolonization fails to consider seriously.

Nevertheless, thinking about decolonization is not limited to African reclamation, but rather a process

of retrieving and liberating colonized cultures everywhere from coloniality. This manner of framing does not limit the target of decolonial discourse to Africa, but extends to cultures in South America, North America and Oceania, amongst others. In this instance, the goal is to 1) undermine the assimilation of colonized persons, 2) centre the required forces – economic and political – of nation-building for previously colonized territories, 3) gradually lead ex-colonies to move beyond the pain of being colonized, and 4) engage colonialism anywhere to end its triple destructive force of ecocide (environmental destruction), epistemicide (silencing of knowledge systems/ways of life) and genocide (the killing of peoples) (13). Rianna Oelofsen echoed this point when they described decolonization as "the change that colonized countries go through when they become politically independent from their former colonizers." (17).

This way of framing decolonization places decolonization in its proper context beyond the narrow or myopic gaze of ending Eurocentrism and allows more people to participate or benefit decolonial conversations with their critical insights. Also, it enables colonized cultures everywhere to design a way forward that is not linked to colonial empires or trapped in continuously thinking about the harm of colonization.

Nonetheless, expanding the targets of decolonization in this way could potentially suffocate authentic African thought and create room for the agency of Africa and Africans to be ignored in important discourses. Precisely, such conceptualization is too open-ended to afford significant attention to what must be done to transition Africa to the postcolonial era. In other words, this may allow the unique issues Africans and Africa face to suffer an attention deficit, a form of epistemic injustice (14). A separate conversation needs to be had concerning how Africans and Africa were exploited, apart from how other colonized cultures were subjugated or oppressed. Broadening the scope and targets of decolonization in this way can potentially obfuscate that conversation and, thereby, cause a new form of subjugation, which is the experience of the internal stranger or internal exclusion (15).

2. The Moral Imperative of Decolonization

My goal in this article is not to conclusively defend the right way of conceptualizing decolonization. It is worth acknowledging here efforts by individuals like Olufemi Taiwo (12), who have contested what they term "indiscriminate application of decolonization" to various fields, including

medicine, since this harms African empowerment (as well as the empowerment of other colonized cultures). In a future article, I will investigate the right way to think about decolonization through a systematic review of how the term has been used in published studies.

The reader would be correct to observe that common to both ways of conceptualizing decolonization is the moral imperative to end domination, silencing and exclusion of modes of experiencing the world. In this regard, decolonization, either as a quest to reclaim Africa or free colonized cultures anywhere, is an ethics of de-silencing.

What does this mean for African decolonial health literature? The decolonial health literature grounded in this quest (to end silencing) broadly requires unveiling and cataloguing how perspectives, voices, individuals and groups are silenced or excluded in discourses on health and what more ought to be done to foster inclusion that matters in health research collaborations (16, 17). Conceptualized this way, African decolonial health literature 1) examines the various ways African voices and knowledge systems are excluded or silenced in global health discourses or research collaborations, 2) unearths how perspectives are delegitimized, ignored or dominated, and 3) articulates what more ought to be done to de-silence voices; the outcome will be to diversify perspectives in health discourses or research collaborations, cultivate (African) agency, and centre power while repairing and redressing wrongful exclusions of African modes of experiencing the world in health research collaborations with Africa/ns. The normative implication arising from this account is that excluding or silencing perspectives, particularly African perspectives in health discourses including health research collaborations, is immoral.

It is essential to state that the above-mentioned points do not necessarily imply that only African perspectives are silenced; African decolonial health literature focuses on how African perspectives are excluded whilst acknowledging that other voices may also be excluded, and the prescription does not constrain who can participate in global or African health decolonization discussions.

3A. Inclusion in African Health Decolonial Literature

African health decolonial scholars often tip inclusion as the panacea for silencing. This section describes two critical manners of thinking – although these are not the only ones – about inclusion in African health decolonial literature.

First, inclusion is sometimes described as equitable access to health-care resources. In light of this, the specific moral wrong with domination and silencing in health discourses is that it subverts and denies – within this context – Africa/ns access to global health goods or determinants not limited to water, food and transportation (17, 18). The denial of access to resources also extends to the denial of accessing the standards employed to distribute these resources (19). Standards are hardly epistemically neutral but are informed by specific modes of being. In light of this, coloniality decentres the interests of Africans in constructing the standards used to affect the distribution of resources and the distributed resources.

Described this way, inclusion focuses on ensuring that the standards and rubrics employed for allocating resources equitably consider all interests, including Africa/ns, and are informed by their fundamental needs. In this regrad, some of the questions that need to be answered are: Who is represented when decisions are made about how resources are distributed? Whose interests are considered? How are these interests constructed? How are these standards constructed? Who benefits from distribution? and Who is disproportionately impacted?

Second, inclusion is also foregrounded as a quest for epistemic justice in African health decolonial literature. Briefly, epistemic justice is the respect afforded to an individual in their capacity as a knower and credible narrator of their own experiences or contributor of concepts to knowledge production – or hermeneutic justice (20).

By contrast, epistemic injustice is the distancing, silencing and domination of individuals' modes of knowing or experiencing the world in health and health research discourses (21). Some questions that may be raised in this regard are: Who are the knowledge producers? What theories and approaches are employed to produce knowledge that feeds into health and health research discourses? Whose perspectives are not invited, represented or are ignored in constructing the knowledge production that feeds into these discourses (17)? These three layers, i.e., knowledge production, knowledge application to health and health research discourses and knowledge invited, describe the core concerns in epistemic justice (17, 18). Framed as access to resources and epistemic justice, the moral imperative of inclusion in African health decolonial literature is that health and health research collaborations or discourses not limited to the distribution of resources, particularly

in Africa, ought to be primarily grounded and informed by knowledge systems and values dominant on the continent. In this regard, African perspectives would constitute the primary sources of knowledge that feed into the construction of health and health research collaborations in Africa (or health discourses that affect Africa). Additionally, this norm requires that African knowledge systems and values be given primary consideration in health research designs, agenda and implementation strategies on the African continent. This will especially be the case for health and health research partnerships or endeavours that purport to promote health in Africa. Furthermore, it would imply that African perspectives and knowledge systems also be considered in global health and research issues. This is cognitive justice that responds to epistemic injustice. In this way, Africa, Africans, institutions, and cultures in Africa would be represented in global health and resource distribution decisions or research partnerships. Concretely, this norm requires African presence by integrating African knowledge systems in global research ethics programs, even when such programs are domiciled in institutions outside the continent. Such knowledge systems would also be taught and led by Africans, who are free to introduce and use relevant concepts. This moral imperative would also imply that significant consideration be given to persistent African health issues in global health discourses, health journals, or international research programs.

The reader would be correct to observe that epistemic justice is not merely realized by including excluded knowledge systems. In other words, inclusion and exclusion are not binaries, which means perspectives are not heard more simply by being included. Contrarily, inclusion can be a means of excluding others. As Anye-Nkwenti Nyamnjoh and Cornelius Ewuoso (15: p. 1)rightly observe, “This erosion [of inclusion] can occur through internal exclusion, which is the experience of exclusion by individuals positioned as included/represented.” For inclusion to constitute epistemic justice in research collaborations in Africa, it ought to be substantial, transformative, and build African agency. This entails going beyond the confines of giving an “appearance” of inclusion to actually account for African knowledge systems are taken seriously in the politics of knowledge production that feeds into – within this context – health research collaborations. The questions that arise here are: Who benefits from this partnership? and Who is disadvantaged?

3B. The Appeal of Inclusion for Thinking about Ethics Dumping is a research practice that mostly

serves the "scientific goals and profit motives of researchers from HICs while impeding the host nations' ability and/or attempts to raise their standards to internationally acceptable levels"(22: p.49). There are many examples of ethics dumping, for instance conducting research on human archaeological remains without consultation (or even consent) of descendant communities given the possibility of group harm and transferring DNA without ethics committees'/communities' approval. Another example identified by CIOMS is conducting exploitative research studies that would otherwise be prohibited in high-income countries (23). There are many reasons why and how ethics dumping harms Africa and Africans. This section will contribute three novel examples.

First, ethics dumping in Africa is a form of cognitive injustice. To understand how, the reader would be correct to point out that one way ethics dumping occurs is through helicopter research (24). Evidently, international health research collaborations have many benefits, including helping to bridge health-care gaps created by corruption, weak governance structures and inadequate attention to the population's health needs in some low- and middle-income countries. Yet the factors that create these health-care gaps also make helicopter research possible. They include inattention to the health-care needs or interests of the population and a failure to solicit the population's views on what they reasonably believe to constitute their health needs.

Helicopter research is a phenomenon whereby – to sidestep adequate or restrictive governance structures in their home country – a research team flies into a territory of interests with little, if any, consideration for the interests of the community. It is this double standard that inherently fails to honor and respect individuals and communities as contributors to knowledge. In light of this issue, a research that fails to respond to or address the concrete or fundamental needs of the host community or participants is a form of cognitive injustice. In addition to ensuring that research responds to the needs of participants/communities (25), researchers need to address cognitive injustice through community engagement in the design and implementation of research.

A critic may point out that the requirement of community engagement in designing and implementing research priorities and agenda might not be feasible in specific contexts, especially during public health emergencies where timeous response would be required to end the crisis. In such contexts, community engagement might slow down the research process. In response, I contend

that the public health emergency ought not to render the requirement of community engagement inconsequential, at least from the moral imperatives that I draw on. Contrarily, cognitive justice ensures that the inputs of these individuals and communities are accounted for in the conception of health emergency or what is considered urgent, since what is urgent at a global level might not be the same at the local level.

Second, ethics dumping is a failure to engage others authentically and is in essence less transformative. To understand how, notice that ethics dumping is sometimes justified under the guise of helping vulnerable populations at risk of disease (26, 27). Still, these studies often fail to include those considered at risk in meaning-making and capacity-building, or employ standards that actually protect those they purport to help. This is another harm of ethics dumping, in that it sees the potential research community or participants as individuals to rescue or lift. The language of rescue risks losing sight of the need to know, relate and engage the targets of such rescue missions. For example, one study found that less than half of the publications following infectious disease research in Africa had an African as the first or senior author (28). Another study has observed no African involvement in geoscience articles that purport to protect Africa (29). These highlight the failure to engage Africa as a place of knowledge production authentically.

Authentic engagement with research communities/participants occurs when these individuals can find meaning both in participating in research and continuing participation, which happens if they recognize that the research goals align with their values. Beyond knowing what diseases are prevalent in what communities, authentic engagement also occurs when researchers connect with participants to understand their values and honor them (30). For example, after reflecting on many research studies that had taken place in their community, the leaders of the San community in South Africa concluded that they could not find any usefulness or meaning in many of those studies (26, 31).

Additionally, authentic engagement implies that researchers build a relationship with participants and communities, and that the latter be actively engaged throughout the cycle of research, including pre-research (research agenda conceptualization), research (research implementation) and post-research (in discussions about sharing research benefits). Notably, ensuring that participants and communities can benefit from research outcomes will guarantee that research is

empowering and participants are not used as a mere means to an end.

The above-mentioned points necessitate benefit-sharing discussions, which should engage different community groups. For example, although Africans and Africa had contributed data and samples that led to the creation of vaccines during the COVID-19 pandemic, African countries benefited less (initially) in vaccine allocation since powerful blocks in the Global North hoarded vaccines. The failure to authentically engage with the continent during the pandemic could also be seen in how the West ridiculed locally produced remedies for coronavirus (19). If, however, participants and different groups in the community are considered as key stakeholders in health research collaborations, they will also benefit from the resulting interventions.

Therefore, more inclusive discussions about benefit sharing should be had prior to research and continue to be expanded when new findings emerge. Such benefit-sharing discussions are key to eliminating tokenism (7).

But who is leading and participating in these discussions? Benefit-sharing discussions are complicated and finding a representative group to conduct them may be challenging since it remains doubtful if selected voices can and do, in fact, represent the community. Nonetheless, these discussions are valuable for ending ethics dumping by ensuring that research is conducted (or research collaborations are structured) in culturally appropriate ways, and the community's lived experiences/interests (including language and preferred modes of communication) are considered, even if superficially.

Finally, one significant harm of ethics dumping is that it disrupts communities' and individuals' modes of experiencing the world or modes of being. As previously stated, health research thrives on collaboration and mobility. This mobility makes it more likely for researchers to upset local practices that they do not understand or think do not conform to their views of health or health research standards. Even well-meaning researchers can become complicit in perpetrating this harm (26). There are different ways in which this issue may be expressed, for example, it can occur through the imposition of standards (of living) or conceptions of health on the researched community. Such top-down approaches fail to honor these communities as credible contributors to the knowledge production that feeds into health and health research agenda and implementation. Precisely, they fail to allow (health) concerns and values to be conceptualized by the communities themselves

because they are denied access to meaning-making (17). Therefore, a ground-up approach to health and health research partnership with the local communities will be required to give communities and participants a greater say in how health is conceptualized and health research is designed.

Conclusion

Ethics dumping ought to be resisted since it is a failure to value inclusion that matters in health research collaborations. One objection to this article's thesis is that it does not consider to any degree the more critical question of "who has the responsibility to prevent ethics dumping". My analysis appears to suggest that once the unique ways in which ethics dumping harms the agencies of others have been unveiled, individuals will act in a morally appropriate manner. However, merely describing how the harm occurs is not sufficient to discourage ethical misconduct.

In response, there are some measures – worth acknowledging – to end ethics dumping globally, including the crackdown by the European Council through its Global Code of Conduct for Research in Resource-Poor Settings. This code aims to end exportation of research to other countries, which they consider to be unethical. It is equally worth observing that academic institutions like the University of Cape Town in South Africa and agencies in low and middle-income countries have adopted this code of conduct for research in resource-poor settings. Evidently, home-groomed measures must also be implemented in low and middle-income countries and African countries, and this is an issue that I intend to explore in a future article. It is worth stating that ethics dumping is also a failure to practice responsible science, and as the gatekeepers of ethical research, researchers are uniquely positioned to prevent unethical and culturally inappropriate studies from being implemented. More work needs to be done to outline this responsibility and increase our understanding of what could reasonably constitute "responsible science" from a variety of perspectives.

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