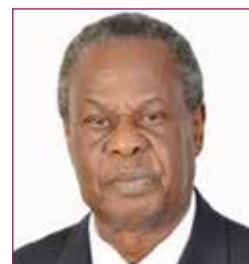


Racism and sectarianism



“Life is not fair and will never be fair but do not tire of fighting for truth and justice”

Secondary school teacher (1960)

The current global debate on racism provides an opportunity to discuss the contribution of racism and other forms of sectarianism to health outcomes. The WHO Commission on Social Determinants of Health and others have identified racial discrimination as a key social determinant and driver of health inequities. This is mediated by direct and indirect pathways such as differential access to resources, education, employment and living conditions.

The world has been gripped by the disgust expressed through widespread global protests in over 60 countries against the killing of Floyd George, a black man, by a white policeman in Minneapolis, USA. This incident took place in broad daylight and was captured on video, which went viral and touched the hearts of many around the world. This global reaction is a vivid illustration of our humanity at work, where we feel the pain of another human being and respond to stop the same from happening again to others. It is this humanity that has enabled our *species homo sapiens* to collaborate, learn together and prosper by turning planetary resources to our advantage.

However, we also have innate in us the tendency to promote self, kith and kin and other communities which are the building blocks of society. There are legitimate reasons for ‘birds of the same feather to flock together’ as communities and, when well managed, within defined boundaries and limits, this has benefits for the overall common good. These boundaries get breached when greed by individual and group self-benefit override the overall common good. This becomes discrimination and constitutes racism, tribalism, nepotism and other expressions of sectarianism.

The challenge for humanity is to achieve and maintain the right balance between individual and community interests and the overall common good. To a large extent we have been able to make progress in this direction, but there are still significant gaps and historical vestiges of sectarianism that need to be dealt with within countries and as the international community. This is achievable through an open-minded approach guided by our innate human tendency.

Francis Omaswa, CEO, African Centre for Global Health and Social Transformation (Kampala); Founding Executive Director of the Global Health Workforce Alliance; and publisher of Africa Health.

Racism has been practised for centuries and was accepted as normal through slavery, colonialism and apartheid. ‘Good’ people, including some churches, owned and profited from owning slaves. Time came when they were rejected as abhorrent, but the legacy of these practices dies hard and persists in many ways. Knowingly or unknowingly, there are people who regard and treat black and coloured people as less and not equal to white people. These conscious and unconscious biases contribute to the disproportionately poor outcomes observed in the treatment of patients of colour in some settings. They also impact relations with the justice system and police and act as barriers to career growth.

African and Asian countries are now independent and sit at the same table as the other nations at the UN, but there are still power inequalities which affect trade and the economies, resulting in health disparities between nations. Sub-Saharan Africa lags far behind other regions in health and development indices and we should seize the opportunity offered by the SDGs to end, for example, avoidable maternal deaths, poverty and ignorance – the aspirations behind ending colonialism. The high-income countries should fulfill international commitments on development assistance and trade in order to reduce these inequalities.

I have to refer to so many white people who as religious missionaries left the comfort of their homes, travelled to the colonies and provided quality education and humanitarian services to African and Asian people. I am a product of these exceptionally dedicated missionaries, who educated so many of us who are now leaders in our respective countries. This was humanity at its best, expressed through religious belief.

This discussion will be incomplete without reference to the harm done by sectarianism in our own countries and communities, which negatively impact our health outcomes. Tribalism, nepotism and religious bias are at play in many African countries and societies. Our best professionals are kept away from occupying leadership roles in our institutions as key jobs go according to ‘who knows who’ and not ‘who knows what’. My personal experience is that well-qualified highly performing public servants tend to serve the common good and are generally above sectarianism.

We must not tire of expressing our disgust for these vices in the same way that the world has responded to the murder of George Floyd. Our humanity and common good tendencies will prevail and overcome and will progressively deliver social justice and equity that leave no one behind.

Keep going. Victory is certain.