

Caught in the crossfires: the Virchow Prize, its inaugural winner, and the quest to decolonise global health

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In a *BMJ* article titled ‘At last, a prestigious prize for global health’, Kickbusch and Ihekweazu¹ announced the launch of the Virchow Prize for Global Health shortly ahead of the prize ceremony in Berlin. We read with interest Holst *et al*s² subsequent critique of the Virchow Prize, incorporating its first winner, the celebrated virologist, scholar and inaugural leader of the Africa (Africa Centres for Disease Control and Prevention), Dr John Nkengasong. While they clearly mean well, their article leaves us with a sour taste.

Holst *et al*s central argument is that the Virchow Prize for Global Health, which aims to honour ‘lifetime achievements towards Health for All’, risks reinforcing the dominant biomedical paradigm of global health. As such, the award risks misappropriating Rudolf Virchow’s name—the revered pathologist, politician and pioneer of social medicine. This concern is based on their critical assessment of the awarding body, the Virchow Foundation, whose founding members include key figures in German private healthcare and pharmaceutical manufacturing with prominent lobbying activities, a media baron whose high-circulation newspapers they state promote fake news and xenophobic tendencies, and others with no global health expertise. The interests of the founders, Holst *et al* argue, do not favour a systemic and interdisciplinary approach to global health to which the prize aspires, but rather are motivated by business and industry interests which reinforces a ‘colonial mindset, at the expense of public health needs in the Global South’.

While the motives of the Virchow Prize founders, as well as their legitimacy in adopting the name of Rudolf Virchow, are the main target of their critique, Holst *et al* also take swipes along the way at the first Prize winner, Dr Nkengasong. These merit closer inspection. The authors contend that Dr Nkengasong’s award signals a ‘worrying’

SUMMARY BOX

- ⇒ We explore the authors’ analysis of the first Virchow Prize winner, the scientist, scholar, diplomat and inaugural leader of Africa CDC, Dr. John Nkengasong.
- ⇒ Drawing on personal experience we highlight the challenge of producing leadership that meets the technical and political requirements of a system that for centuries has commodified, colonized, and dominated the field of public health.
- ⇒ We argue that any pathway towards decolonising global health requires strong African health institutions and share our hope that this award will continue to promote the visibility of scientists, leaders, practitioners and indigenous thinkers, coming from the Global South.
- ⇒ This commentary is a response to “The Virchow Prize: cementing commodification, coloniality and biomedical reductionism in global health?” which critiques the newly formed Virchow Prize in Global Health.

precedent of a biomedical preference. Their argument begins innocuously enough: ‘As a virologist, his scientific work focuses on the biomedical prevention and control of infectious diseases. But as an institution builder, he represents the systemic dimension—even if not the ‘interdisciplinarity’—to which the Prize aspires’. The authors cite his pivotal role in developing the *African Union Call to Action for an African New Public Health Order*, an African political agenda for health based on African priorities, and his donation of the prize money to the *African Field Epidemiology Network*, as evidence supporting their position. We are not so sure. Our difference of opinion may reflect some ambiguity in precisely what ‘interdisciplinarity’ entails in our current global health landscape—Dr Nkengasong is after all a lab scientist, public health specialist, policy maker and political actor, working to address complex health challenges such as HIV/AIDS. Given interdisciplinarity is a characteristic the (independent)

award committee accredit Dr Nkengasong,¹ Holst *et al*'s claim is, at a minimum, debateable.

Our main concern, however, lies in what follows: ‘... it was not just the laureate speeches and framings during the award ceremony held in Berlin that might have made the socio-political spirit of Virchow turn over in his nearby grave’. Turn over in his grave? Artistic license, perhaps, but the idea that a renowned African scientist, scholar, diplomat and inaugural leader of the African CDC, would make any part of Rudolf Virchow turn in his grave—‘sociopolitical spirit’ or otherwise—is, to us, absurd. Given the authors’ attentiveness to positionality (‘as European, white, male established academics...’) and power (‘[our] main concern... in decolonising global health’), this passage is particularly surprising.

In reality, the few schools critically examining how to decolonise global health and public policy and who are heard loudest in this debate are not found in the ‘Global South’;^{3,4} these lie in the richest countries of the world—such as Harvard University where the authors of this Commentary met. We share with Holst *et al* the need to emphasise the struggle against practices like lobbying of private organisations, growing hegemony of unaccountable philanthropic organisations, and funding models which fail to address the underlying social and political determinants of health.

However, for two of us (SM and FG) who are public health practitioners born, raised, educated and still working in the countries in the Global South, we know how much it costs in terms of effort and time to produce leadership that meets the technical and political requirements of a system that for centuries has commodified, colonised and dominated the field of public health. This includes enormous disparities in training, access to educational resources and time to study, which provide lifelong challenges to gaining quality education and career progression.

Thus, while Holst *et al* ‘applaud’ Dr Nkengasong’s ability to navigate global health diplomacy, we feel they still underestimate his contributions. Not least, the challenge, complexity and fundamental importance of building capacity and establishing strong institutions, with limited resources, especially during the COVID-19 pandemic. In our view, developing strong African health institutions represents a fundamental step on *any* pathway towards decolonising global health and it is right that the Virchow Prize honour this vital work.

Holst *et al* outline numerous ideas for improving the Virchow Prize. It seems reasonable to suggest that the Award Committee should declare their competing interests and that the Prize funds should be divested from entities undermining global health. Perhaps, as within the rules of the award, the Prize should instead have been

given to the African CDC rather than the Dr Nkengasong himself, avoiding the pitfalls of the Nobel Prize, which has been criticised (especially in the sciences) for rewarding individuals in a collective enterprise. And returning to the authors’ central concern, maybe readers should be concerned that the award is tainted by the interests of its founders. (That said, did this actually affect the selection of the first winner? Even a cursory glance at the *independent* Prize Committee, Board of Trustees, Council and Executive Board, suggests that this particular award is in safer hands than the authors imply.) For us, the key problem with the authors’ critique is not a lack of reasonable concerns or worthwhile suggestions, but the collateral damage.

Holst *et al* speak of ‘framings’—for us, sympathetic as we are to many of the authors’ concerns, enveloping Dr Nkengasong into their critique without sufficient care does not help to advance the cause of advancing health equity and decolonising global health for which they aspire. The Virchow Prize should, however, take note: in order to maximise the award’s impact, they must invest time in gaining the support of the global health community. We hope this award will continue to promote the visibility of scientists, leaders, practitioners and indigenous thinkers, coming from the Global South.

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REFERENCES

- 1 Kickbusch I, Ihekweazu C. At last, a prestigious prize for global health. *BMJ* 2022;379:2446.
- 2 Holst J, Tinnemann P, van de Pas R. The Virchow prize: Cementing Commodification, Coloniality and BIOMEDICAL Reductionism in global health? *BMJ Glob Health* 2023;8:e011240.
- 3 Hirsch LA. Is it possible to Decolonise global health institutions? *Lancet* 2021;397:189–90.
- 4 Oti SO, Ncayiyana J. Decolonising global health: where are the Southern voices? *BMJ Glob Health* 2021;6:e006576.