

Distorted representation of the Other, neglected modernity and truncated partnerships: why humanitarian advocacy must be decolonised

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The call for decolonisation of many areas of social life is increasingly being heard in the international aid sector. For the author, one of the workstreams should concern the advocacy which, according to him and with strong arguments, remains rooted in the system of representation of the Other forged at the beginning of the 20th century.

Advocacy has taken centre stage in many humanitarian non-governmental organisations (NGOs). While *Médecins Sans Frontières's* (MSF) commitment to advocacy can be seen as a founding act acknowledged with the Nobel Peace Prize in 1999, the rise and professionalisation of advocacy stem mainly from the increasingly complex humanitarian responses and the ever-greater role of international NGOs in the public actions of governments. This article, based on anthropological studies on the representation of the Other, examines the ultimate purpose of humanitarian advocacy, and seeks to answer the question, “Should advocacy be decolonised?”, by presenting several examples and channels of thought. In its focus on Africa, this article does not address the specific techniques of humanitarian advocacy, but rather its epistemological construct. It suggests that humanitarian advocacy is still anchored in the representation of the Other that was devised at the turn of the 20th century, and that advocacy contributes to redefining sovereignty and local biopolitics in the Foucauldian sense. It also favours the creation of a vertical and transnational notion of responsibility that runs counter to the formation of a real partnership between international NGOs and local actors. Initiating a broader reflection on the decolonisation of humanitarian action is therefore meaningful.

The anthropological construct of the African

In 2018, Adam Branch, Director of the Centre for African Studies at the University of Cambridge, published an article in the *Cambridge Journal of Anthropology*¹. He established a link between the contemporary production of knowledge on Africa and the systematic colonial representation of the Other. In particular, he called for the decolonisation of the Centres for African Studies at the universities of Oxford and Cambridge.

He suggested that the anthropological construct of the African by European scientists, harking back to the early 20th century and culminating in a process begun two centuries earlier, is still today's dominant paradigm when it comes to “imagining” African societies. This construct defines the African as a primitive version of the white man, one devoid of any legacy, like a fossil displayed in a museum. It depicts the African as a savage, since he must be rendered civilised for him to be brought from point A to point B, i.e. toward modernity. In addition, he is deemed ignorant, since he is unaware of what is good for himself. Through photography, anthropology, and anthropometry in particular, the African was scientifically “racialised” and described by Europeans through his external features², just as Edward Saïd argued Europeans did the Middle East³, and other authors in India and Southeast Asia⁴.

¹ Adam Branch, “Decolonizing the African Studies Centre”, *Cambridge Journal of Anthropology*, 36/2, 2018, p.73-91.

² Valentin-Yves Mudimbe, “African gnosis, philosophy and the order of knowledge: an introduction”, *African Studies Review*, 28, 1985, p.149-233.

³ Edward Saïd, *L'Orientalisme*, Seuil, 2005.

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Transposing Michel Foucault's work on the definition of madness in French society⁵, it can be said that this construct, based on the discourse of who is the Other, is used by the European society to reassure itself that it is coherent and that it can define itself as being the norm. This construct very distinctly delineates "them" – primitive societies that must develop – from "us" – already developed societies. It has also helped to secure Western hegemony, to support a civilisational narrative based on the idea of evolution and modernity, and to deny to others the right to define and construct themselves. It is this very repudiation that Frantz Fanon qualifies as structural and psychological violence.

The advent of humanitarian advocacy

Advocacy can be defined as a process aimed at influencing people and/or institutions in order to change practices, rules, and/or behaviours. Applied to humanitarianism, it deals with bringing about long-term change and development for the "common good". In this instance, the advocacy manager has the task of working on structural problems, in order to prevent NGOs from merely treating the symptoms of a crisis without addressing the root causes. These operations become the means to reach an end, that is to say, a profound change in the societies where interventions are taking place⁶. Even if humanitarian advocacy operates on a very different scale of morality and ethics from that of anthropological missions underwritten by colonising countries⁷, the question remains whether this advocacy has not remained anchored, despite itself, to a discursive formation based on a representation of the Other going back to the early 20th century.

The advent of advocacy, while certainly rooted in civilising missions, was, first and foremost, the consequence of the increasing complexity of humanitarian operations. Indeed, many countries have experienced so-called "protracted" conflicts, in the sense that outbreaks of violence are cyclical and decade-long, forcing international NGOs to settle permanently in unstable environments. But advocacy was also the result of the neoliberal policies of the World Bank in the 1980s. Delivered for the good of the postcolonial State, these policies contributed to the decline of the African State, leaving room to international NGOs (and religious movements⁸) to carry out their actions in social fields, especially in health and education. The structural adjustments of the World Bank have caused fragmentation and scattering of national sovereignty, prompting international NGOs to fully participate in carrying out national government actions. In seeking structural changes rather than facilitated humanitarian responses, the advocacy of international NGOs enters, *de facto*, into a political mindset, whereby it becomes a policy developer and an active player in the biopolitics of the countries of intervention.

Identifying priorities in advocacy and objectification of the Other

It is important to demonstrate how colonial discourse is persistent in its representation of the Other whenever international NGOs think of Africa and of advocacy. The issue of decolonising advocacy is primarily related to the locations where the strategies in advocacy have been defined and developed. Thus the priorities are predominantly set by Western countries. Therefore, the questions come down to: whom should be saved? what are the causes to defend or not to defend? It is in finding the answers to these questions that the representation of the Other is so important.

Even if during the last two decades, NGOs have pushed for a renewed concept of North-South partnerships to uphold local actors and create resilience and sustainability, the notion of the partnership

⁴ Taous Dahmani, "Barthi Parmar's true stories: against the grain of Sir Benjamin Stone's photographic collection", *PhotoResearcher*, 30, 2018, p.78-95.

⁵ Michel Foucault, *Histoire de la folie à l'âge classique*, Gallimard, 1972.

⁶ It should be noted that, for example at MSF, the advocacy manager is sometimes called upon to take part in more operational advocacy, that is to say, assisting the various departments in the implementation of operations. By virtue of their expertise, the advocacy manager thus help the mission to navigate through an increasingly complex humanitarian environment.

⁷ Sanna Nissinen, "Dilemmas of ethical practice in the production of contemporary humanitarian photography", in Heide Ferhenbach and Davide Rodogno (eds), *Humanitarian Photography: a History*, Cambridge University Press, 2015, p.297-318.

⁸ Charles Piot, *Nostalgia for the future: West Africa after the Cold War*, University of Chicago Press, 2010.

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has been fundamentally truncated. To understand this, we must focus on the very notion of otherness. Philippe De Leener insists that the notion of the Other is an “ideal for self-fulfilment”, that is to say, we expect the Other not to be “us”, but one who will realise their fulfilment⁹ in accordance with our own perception. This is the point of view that Guillaume Blanc upholds, for example, in his book *L’Invention du colonialisme vert*¹⁰. He describes the existence of a Western ideal, an “African Eden”, which must be protected from Africans themselves¹¹ by setting up restricted natural reserves. De Leener also presents what he calls the “paradoxical injunction of otherness” of Western partners, which he sums up as follows: “You are wonderful, but become like us”¹². This is the paradox at the heart of humanitarian advocacy: “Become modern, like us, but above all stay different, and be as we imagine you to be”. This is, therefore, a problem of reflexivity, and a refusal to allow others to be themselves.

This representation of the Other, this paradoxical injunction of otherness resulting in truncated partnerships has led to certain consequences, whenever humanitarians have set their priorities in promoting advocacy, particularly in the health sector. In fact, one can see a link between the representation of the Other anchored in a colonial discursive formation and the setting of humanitarian priorities.

In her book, *Curing their ills: Colonial Power and African Illness*, Megan Vaughan¹³ suggests that during colonisation, biomedical discourse on Africa centred on the need to represent the Other as different and savage. Vaughan demonstrates the existence of a discourse that sought to link certain diseases with the primitive aspect of African society: Africans were ill because their society was fundamentally ailing, undeveloped, fossilised, and primitive. Africa had therefore become, according to her, “synonymous with death, disease, and uncontrolled sexuality”¹⁴. As James Aggrey feared in 1920, Africa has since been considered to be a “hotbed of disease”¹⁵. Thus, nowadays, we still find “African diseases” caused by poverty, underdevelopment, and unbridled sexuality¹⁶ (e.g. HIV, tuberculosis, malaria), as opposed to “European diseases” caused by modern lifestyles (e.g. diabetes). This approach was particularly criticised in an article published in 2014 by members of MSF in the medical journal *The Lancet*¹⁷. They recalled that considering tuberculosis as an exclusively “societal” disease, as Mohsin Ali¹⁸ had written in the same journal, merely encourages the idea that only the fight against poverty and cultural changes can eradicate the disease (which few studies have demonstrated). Mohsin, therefore, has seemingly downgraded the importance of medical care, and has put more emphasis on the “primitive” aspect of societies with a high prevalence of tuberculosis. In 1908, in *The Lancet*, Lambkin held the same discourse on a syphilis epidemic in Uganda, i.e. the immoral sexual behaviour of women in the Kingdom of Buganda was claimed to be the main cause of the epidemic¹⁹.

As Simukai Chigudu²⁰ argues, the distinction between “diseases of the poor” and “diseases of the rich” is based on developmental teleology, which assumes that Africa must necessarily follow the Western epidemiological pattern of going from point A to point B. According to this pattern, illnesses specific to African societies must first be treated to reduce infant mortality, malnutrition, and thus increase life expectancy, so as to ultimately arrive at the emergence of “modern” diseases, i.e. chronic diseases.

⁹ Philippe De Leener, « Le partenariat contre l’altérité ? Comment, sous couvert de partenariat, le déni de ce qui rend autre l’autre se renouvelle dans les impensés de la solidarité internationale », *Mondes en Développement*, n° 161, 2013, p. 79-92.

¹⁰ Guillaume Blanc, *L’Invention du colonialisme vert*, Flammarion, 2020.

¹¹ Joan Tilouine, « “L’Invention du colonialisme vert”, de Guillaume Blanc : l’Afrique ravagée par le péril environnementaliste », *Le Monde*, 11 septembre 2020.

¹² Philippe De Leener, « Le partenariat contre l’altérité ?... », art.cit., p.85.

¹³ Megan Vaughan, *Curing their ills: Colonial Power and African Illness*, Stanford University Press, 1991.

¹⁴ *Ibid.*, p.205.

¹⁵ *Ibid.*, p.200.

¹⁶ Adrian Flint and Vernon Hewitt, “Colonial Tropes and HIV/AIDS in Africa: sex, disease and race”, *Commonwealth & Comparative Politics*, 53/3, 2015, p.294-314.

¹⁷ Petros Isaakidis *et al.*, “Calling tuberculosis a social disease – an excuse for complacency?”, *The Lancet*, 384, September 2014, p.1095.

¹⁸ Mohsin Ali, “Treating tuberculosis as a social diseases”, *The Lancet*, 383, 2014, p.2195.

¹⁹ Francis Lambkin, “An outbreak of syphilis in a virgin soil: notes on syphilis in the Uganda Protectorate”, *The Lancet*, 1908, p.337-355.

²⁰ Simukai Chigudu, “Pathologies of power: politics, epidemics and global health in Africa”, unpublished.

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However, according to the World Health Organization²¹, in low-income countries, chronic diseases cause 80% more deaths than those from malaria, HIV, and tuberculosis combined. Yet, for example, the Global Fund's programmes focus exclusively on these three diseases. When Clare Herrick²² simply suggests that chronic diseases lack charisma, it seems important instead to point out how tempting it is to use "African" infectious diseases to construct a representation of the Other as fossilised and savage. The notion that chronic diseases lack charisma therefore stems more from an idealised view of the Other than from a lack of interest in the symptoms of chronic diseases.

This biomedical discourse on the Other has recently been disrupted by the Covid-19 pandemic. In fact, the West now finds itself confronted by a situation in which it has had little or no experience until now: Africa appears to be less affected by an epidemic. However, international NGOs have promptly sounded the alarm: if the European health systems were to fail in managing the pandemic, how would African societies, weaker and more ailing, be able to survive? Europeans, therefore, had to come up with reasons for the low number of infections: "they" do not do enough testing, the figures have been doctored, their population is younger, or the climate is hotter. While these reasons may certainly hold water, very seldom has the idea been raised that African societies may actually be culturally better able to impose sanitary restrictions. More fundamentally speaking, this is a social issue. Returning to Foucault and his study of madness: what if the discourse aimed at determining who is mad and who is not has reached its limit? How can we keep thinking of Europe as the result of an epidemiological transition toward modernity? How then can the dichotomy between "them", the ailing societies, and "us", the modern societies still hold?

Objectifying the Other: advocacy and the creation of vulnerable subjects

The process of setting the priorities of humanitarian advocacy has had a fairly significant political impact on African societies. Even if the answers to the questions, "whom should we save?" and "which are the causes to defend?" are anchored in a colonial discursive formation in their representation of the Other, defending these causes requires the creation of subjects who personify this discourse. This is how humanitarian advocacy acts on the discursive creation of very specific subjects: vulnerable people, victims, and those who need "not justice and representation, but help and assistance"²³. The creation of vulnerable people, made possible by the weakening of African States, takes place through a process of objectification in its Foucauldian sense.

In so doing, a distinction is made between "Bios" life (having an existential identity and a way of life) and "Zoe" life (the mere act of living, life reduced to its biological essentials). The creation of vulnerable people thus tends to focus on Zoe life, in the sense that what matters is not the political organisation of societies (considered ailing and primitive, because traditions cannot serve modernity), but their mere biological survival. Consequently, the individuals objectified as "vulnerable people" are deprived of any political existence, which therefore silences them politically. All that remains, as Achille Mbembe argues²⁴, are necropolitics: the power of deciding who should live or die, which represents the ultimate expression of sovereignty.

Following the analyses of Alex de Waal, Jenny Edkins, Chloe Dugger, and Adam Branch²⁵, humanitarian advocacy, more than the State, is now responsible for policies of livelihood in countries of intervention. As Charles Piot argues, "It is they – Médecins Sans Frontières, CARE, Amnesty International, and Human Rights Watch – who are reshaping the face of African mankind. They decide whom to save and whom to let

²¹ World Health Organization, "Preventing chronic diseases: a vital investment", https://www.who.int/chp/chronic_disease_report/contents/part2.pdf

²² Clare Herrick, "The (non)charisma of noncommunicable diseases", *Social Theory and Health*, 15/1, 2017, p.99-116.

²³ Jenny Edkins, *Whose hunger? Concepts of famine, practices of aid*, University of Minnesota Press, 2000, p.102.

²⁴ Achille Mbembe, « Nécropolitique », *Raisons Politiques*, n° 21, 2006, p. 29-60.

²⁵ Alex de Waal, *Famine crimes: politics and the disaster relief industry in Africa*, Indiana University Press, 1999 ; Jenny Edkins, *Whose Hunger?...*, *op. cit.* ; Chloe Dugger, "Qatar charity in Niger: biopolitics of an international Islamic NGO", *Refugees Studies Centre, University of Oxford*, February 2011 ; Adam Branch, "Humanitarianism, violence, and the camp in Northern Uganda", *Civil Wars*, 11/4, 2009, p.477-501.

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die”²⁶. Therefore, when international NGOs respect the territorial sovereignty of the States in which they intervene, they claim sovereignty over the politics of life. This sovereignty is exercised by international actors, in accordance with an agenda of non-regulated actions anchored in a colonial representation of the Other. Such transnational sovereignty is shared, just as it is vertical, anarchic, and uncontrollable. It is one that creates new categories, and new meanings for terms, such as “village”, “gender”, “youth”, “chief”, or “tradition”.

For example, in a research paper published in 2018, Bosire *et al.* developed the notion of “biological sub-citizenship”²⁷. In fact, following a hundred interviews conducted in several health centres in Nairobi, they saw that people living with HIV (PLHIV) who have access to free treatment funded by international donors are perceived as being biologically stronger. It is believed that PLHIV can claim rights based on their serological status alone, which people with diabetes, for example, are unable to do.

How can advocacy be decolonised?

This article has shown how the representation of the Other has had an influence on humanitarian advocacy in Africa. It suggests that the setting of priorities in advocacy is still anchored in a discursive formation that was constructed during colonisation. This has had an effect on the content of humanitarian programmes and on the construct of “vulnerable subjects”.

It is therefore essential to include humanitarian action when decolonising knowledge in general, and to practice what the philosopher Kwasi Wiredu calls “conceptual self-exorcism”, i.e. “emancipation from the spirit of colonial knowledge”²⁸. It therefore seems crucial for this consideration to play an integral part in the advocacy activity of international NGOs. How do we perceive the Other? How do we believe this affects our strategies and our setting of priorities?

In addition, advocacy must become part of the recentralisation process initiated by many NGOs, by granting significantly more power to people based in the countries of intervention. This process can reduce biases due to remote management and to information perceived as Western. Likewise, it is essential to diversify the backgrounds of people holding positions in advocacy, both in terms of nationality and places of schooling, that is to say, the places where their knowledge has been acquired.

Finally, this article is also a plea for a greater inclusion of anthropological research in humanitarian NGOs, so that the impact of interventions on societies can be assessed, and the image of how others see themselves can be understood. It is from this point that a real partnership can begin.

Translated from the French by Alan Johnson

²⁶ Charles Piot, *Nostalgia for the future...*, *op. cit.*, p.12.

²⁷ Edna Bosire *et al.*, “When diabetes confronts HIV: Biological sub-citizenship at a public hospital in Nairobi, Kenya”, *Medical Anthropology Quarterly*, 32/4, December 2018, p.574-592.

²⁸ Ernest-Marie Mbonda, « La décolonisation des savoirs est-elle possible en philosophie ? », *Philosophiques*, n° 46 (2), 2019, p. 303.

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ERRATA

Humanitarian Alternatives would like to offer its apologies to the author for two errors that have crept into the text as it appears in the printed edition of issue 15 and that have been corrected in the PDF version of this article.

The text in the printed edition erroneously states that the article calls for the creation of a vertical and transnational notion of responsibility that runs counter to the formation of a real partnership between international NGOs and local actors. The text has been corrected in the PDF version of this article to reflect the fact that it is humanitarian advocacy in its current form that favours the creation of such a notion. The article instead calls for humanitarian advocacy to become part of a recentralisation process granting more power to people based in the countries of intervention.

The text in the printed edition also wrongfully states that Edward Saïd scientifically “racialised” the Middle-Eastern man through photography, anthropology and anthropometry, and that other authors did so in India and Southeast Asia. Instead, Edward Saïd and the other authors showed that Europeans scientifically “racialised” Middle-Eastern, Indian and South-eastern Asian men by such means. This has been corrected in the PDF version of the article.

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