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The Foreign Gaze: Essays on Global Health

Alida Gertz, MD

AUTHOR AFFILIATION:
WellStar Douglas Medical Center, Douglasville, GA

CORRESPONDING AUTHOR:
Alida Gertz, WellStar Douglas Medical Center, Douglasville, GA, alidamaria@gmail.com

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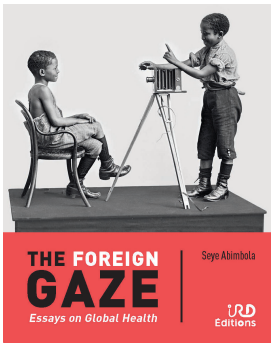

Book Title: The Foreign Gaze: Essays on Global Health

Author: Seye Abimbola

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A recent read of *Dark Laboratory: On Columbus, the Caribbean, and the Origins of the Climate Crisis* by Tao Leigh Goffe[1] was an excellent primer for Dr Abimbola's *The Foreign Gaze: Essays on Global Health*. This manifesto, organized into six essays, is a reimagining of global health, outlining several urgently needed changes to the field, including a switch in target audience from the educated elite of the global north to local communities, a change in perception of best evidence, and a higher value on local community knowledge. Abimbola, the inaugural editor-in-chief of *BMJ Global Health* (2015–2024), begins by recounting memories of his mother, a nurse midwife working in rural Nigeria. A stark contrast with his later medical school experiences and first encounters with the global health field, he asks himself why his mother was not considered a practitioner of global health and why "global health often defined itself by who does it (white people or foreigners) rather than by what is done" (p. 17).

Abimbola goes on to describe the error of believing that complex global health issues are solvable by simple and technical solutions.

> The dominant framing of global health as something that happens elsewhere, away from high-income countries, is also one that makes it possible to pretend that political problems are technical problems. That equity could be achieved through simple, one-off, downstream technical solutions introduced from outside.
>
> (p. 19)

Abimbola asserts that people living and working within the system are best positioned to create meaningful and equitable solutions. These solutions, he notes, will be complex, not simple.

Ironically, Abimbola devotes one essay to espousing the usefulness of a simplistic double triangle model, to understand different levels of complex systems. Nonetheless, he astutely goes on to describe how the currently accepted structure for global health research is likely not the best way to investigate or understand global health (that is to say, local community problems) or the most effective solutions. Abimbola uses group antenatal visits as an illustrative example. These have been ongoing in Nigeria (as in many other countries) for centuries. Yet, to read the academic global health literature on this topic, one would believe that group antenatal visits are a recent creation, benevolently bestowed upon poor countries of the global south, with randomized controlled trials only recently providing the evidence of their successes. Abimbola goes further in extending the story of local knowers, asserting that not only are they needed in global health, but to ignore them is an exercise in gaslighting. He clearly delineates why this is a wrong that is sometimes difficult to describe, but an injustice nonetheless that must be acknowledged.

Why, Abimbola asks, is global health led and controlled by the elite and often distant instead of by those already working to improve medicine and public health in their own communities? Those currently leading the field are also the same people giving voice to what they deem to be the problems and what they deem to be the proper solutions. This, Abimbola points out, is not right. The proposed solutions often do not work and do not fit. A one-size-fits-all approach often fails when introduced into real-life systems.

> If the academic literature to which we give priority does not reflect that local experts are at the forefront of addressing local problems, then there is something deeply wrong with that literature, because it does not reflect reality.
>
> (p. 33)

Anyone working in global health, public health, tropical medicine, or a related field will benefit from reading this powerful and perspective-changing book. Abimbola states, "To make global health truly global is to make global health truly local" (p. 35). We who consider ourselves global health practitioners must do better.

> To respect the dignity of everyone as a knower is to constantly check which crises or "slow deaths" (Berlant, 2007) we who are privileged enough to do global health have accepted as normal on behalf of people who suffer. This requires that people who are marginalised are well served by their own and others' knowledge platforms and knowledge-mongers.
>
> (p. 119)

We must constantly check our privilege and strive to change not only our own perspective, but also our colleagues' perspectives. We must work to turn the tide and change the current colonialist approach to global health into an approach that prioritizes local knowledge, empowers local leaders, and strives not to "help those who are other," but to improve life on this planet for all of us.

REFERENCE

1. Goffe TL. *Dark Laboratory: On Columbus, the Caribbean, and the Origins of the Climate Crisis*. Doubleday; 2025.