CHAPTER 9

Millennium Development Goals and Women's Reproductive Health and Justice in African Countries in the Era of Global Neoliberalism, Neoconservatism and Fundamentalism

Beth Maina Ahlberg, Jecinta Okumu, and Sarah Hamed

Introduction

Gender equality and women's empowerment have, since the 1970s, become a significant policy discourse globally. The millennium development goals (MDGs) constitute one of the most recent attempt by the Global North to tackle discrimination against women, poverty, hunger,

B. M. Ahlberg (✉)
Skaraborg Institute for Research and Development, Skövde, Sweden
e-mail: beth.maina.ahlberg@uu.se

J. Okumu
Department of International Health, Swedish Social Insurance Agency, Stockholm, Sweden
e-mail: jecinta.okumu@uu.se

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disease, illiteracy and environmental degradation. The MDGs include a list of eight goals and 21 targets that were supposed to be reached by 2015. This chapter critically examines the MDGs against the backdrop of the most recent backlash against women's reproductive health and rights. A significant shortcoming of the MDGs is the focus on measuring change rather than making a deep or critical analysis of the structural forces that produce gender inequalities and poverty even after many years of development aid. In other words, the MDGs through their use of targets and indicators have an instrumentalist orientation which, we argue, conceals social, economic and political institutions and structural processes from scrutiny. Moreover, the emphasis on time-bound numerical targets (e.g. reaching the millennium goals by 2015 or within 15 years) represents a way of world-making that lacks the sense of time and place (Fehling et al., 2013). Finally, as the most recent global action, the MDGs' vague articulation of women's reproductive health and rights is problematic.

Using a postcolonial lens, the chapter starts with an assessment of the MDGs, focusing on the articulation of women's reproductive health and rights. The chapter delineates the ways in which the issue was watered down and pushed aside and explains how this is connected to a fear of backlash from funding agencies' conservative and fundamentalist religious bodies (Fehling et al., 2013). This is followed by a discussion of the structural contexts that were absent from the development and articulation of MDGs, namely, neoliberalism and the application of the gag rule applied mainly by USAID organisations in sexual and reproductive health and rights.

The MDGs and Articulation of Women's Reproductive Health and Rights

Prior to the MDGs, a number of international conferences, protocols and declarations (e.g. the International Conference on Population and Development in Cairo, 1994, and the Beijing Platform for Action, 1995) reinforced the rights debate with programmes of action for gender equality and women's empowerment. These international conferences,

S. Hamed
Sociology Department, Uppsala University, Uppsala, Sweden
e-mail: sarah.hamed@uu.se

declarations and legal protocols resulted in a tremendous awareness of the need for gender equality, women's empowerment and reproductive rights (Fukuda-Parr et al., 2014), including actual gains for women. Although this point was acknowledged in the MDGs report (UN, 2005), the MDGs offered no explicit commitment to women's reproductive health and rights (IPPF, 2012). As elaborated by Yamin and Bergallo (2017), abortion was not included even though there was an attempt in Target 5.6 (universal access to sexual and reproductive health and rights) as agreed in the programme of action of the ICPD in Cairo, the Beijing Platform for Action, as well as the outcome documents of the review conferences and the Protocol to the African Charter on Human and Peoples' Rights on Women's Rights. During the Countdown 2015 conference on sexual and reproductive health and rights in London, the United Nations Population Fund (UNFPA) reported that 40 per cent of annual abortions in Africa end in death (Godia, 2004). At the end of 2015, the MDGs were replaced by the Sustainable Development Goals (SDGs), which according to Fukuda-Parr (2015) supposedly address some of the shortcomings of MDGs including covering both the Global North and South and a longer-term perspective.

The emphasis on reaching targets as a measure of success for the goals was highly problematic. To illustrate, under Goal 3, entitled 'Promote gender equality and empower women', the measurements used were for education: in the main, to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. The indicators were the ratio of girls to boys in primary, secondary and tertiary education, the share of women in waged employment in the non-agricultural sectors and the proportion of seats held by women in national parliament. The focus for Goal 5 was to improve maternal health and reduce the maternal mortality ratio by three-quarters between 1990 and 2015. The indicator used to measure success was contraceptive use to reduce the number of unintended pregnancies, unsafe abortions and maternal deaths. According to the UN report (2015), with regard to Goal 5, globally the proportion of women aged 15–49 who were married or in unions and using contraceptives increased from 55 per cent in 1990 to 64 per cent in 2015. In sub-Saharan Africa it rose from 13 per cent to 39 per cent and in Asia 39 per cent to 59 per cent during the same period. Two categories of women were, however, excluded from this indicator, although they also need access to pregnancy prevention, namely, sexually active women who are not married or are not in a union. In

addition, sexually active adolescent girls, whose early childbearing is common and can have very harmful consequences, especially in contexts of poverty and other forms of marginalisation, constitute another category that did not feature in Goal 5. What is interesting is that while the goal was to reduce maternal mortality by 75 per cent, there was no mention of how to make abortion safer, given that it is a major cause of death for women all over the world but more critically in poor countries (Center for Reproductive Rights, 2010; Skuster, 2004). Moreover, the reductionist view of development as a list of artificially separated goals ignored their interconnectedness and subsequently reinforced a vertical nature in programmes, policies, research and funding. Fukuda-Parr (2015) notes that the narrative of development created by MDGs as meeting concrete numerical goals decontextualised what are essentially context-specific to intangible processes of social change. Without any serious scrutiny, the achievement indicators perpetuated an instrumentalist orientation to gender equality that did not view empowerment as entailing the ability to transform the social institutions that shape everyday life (McIntyre et al., 2013). Instead, progress was tracked through a target on gender parity in education. While this is important, it was insufficient to capture other areas, such as overcoming gender-specific injustices, including violence against women, gender-based wage discrimination, women's disproportionate share of unpaid care work, women's limited ownership of assets and property and unequal participation in public and private decision-making.

The failure of the MDGs to explicitly include women's reproductive health and rights was not a reflection of a lack of knowledge about the conditions of women globally. Indeed, according to the MDGs report (UN, 2005), gender inequalities were reported to persist in many countries, in spite of more representation of women in parliaments and more girls going to school. Women continue to face discrimination in access to education, work, economic assets and participation in government. Violence against women continues to undermine efforts to reach all the goals (Hamed et al., 2017). Poverty is a major barrier to secondary education, especially among older girls; and in terms of participation in employment, women are largely relegated to more vulnerable forms of employment, and have fewer social benefits. However, the use of indicators perpetuated an instrumentalist orientation to gender equality that concealed the social, economic, political and related historical and continuing domination and exploitation of the same countries being helped

from scrutiny (McIntyre et al., 2013). In this way gender equality and women's empowerment, for example, in the context of MDGs, fell into the realm of institutional planning and universalised and top-down interventions, common in development discourse and practice (Escobar, 1992, 1995; Esteva & Prakash, 1998; Sachs, 1992). Fukuda-Parr (2015) argues that the MDGs largely enabled the donors from the Global North to mobilise support for aid budgets 'around a short list of memorable priorities'. The manner in which the MDGs were developed is a commonly cited concern. The MDGs were drafted by technocrats behind closed doors at the UN (Fukuda-Parr, 2015; Fehling et al., 2013), and as Kabeer (2010) notes, there was very little involvement of poor countries and civil societies. Only actors from a few countries, mostly from the Global North, decided on the choice of goals and indicators in the process of creating the MDGs.

Crossette (2004) has furthermore elaborated on some of the other challenges encountered in the process of creating the MDGs. According to Crossette, there was strong opposition from nations within the G-77 on women's reproductive health and rights. Although the G-77 countries were internally split on the issue of women's reproductive rights, the group opted for a consensus that would not offend its more conservative members. In addition, there was a fear of losing economic aid, especially from the USA, considering the USA's implementation of the gag rule, a policy restricting non-governmental organisations (NGOs) who receive funds from USAID for women's health, from using the funds freely, including family planning. This, as well as fear of further backlash against the gains of the Cairo Conference, inhibited the United Nations Secretariat from attempting to include some of the language of the 1994 Cairo conference at every step of the millennium development process. Hence, NGOs, government experts or groups advocating for reproductive health and rights were excluded from participating in the creation of the MDGs and had therefore limited input into the process and the MDGs themselves (Crossette, 2004).

According to Doyle at the UN Secretariat (Crossette, 2004), besides the opposition from the general G-77 nations, the Bush administration was particularly responsible for blocking explicit reference to women's rights or even the use of the term 'reproductive health' which conservatives argued was a cloak for a 'feminist agenda' that would include the right to abortion. With the re-election of President Bush in 2001, the USA was able to exert more pressure against expanding international

reassertion of women's reproductive rights, given that the main voting bloc was comprised of mainly the conservative right, who, by virtue of their values, deny women rights to abortion, emergency contraception or access to extensive family planning in poor countries. They could be expected to maintain or increase pressure for religiously inspired limits on American aid to needy countries (IPPF, 2012).

In this context, gender relations were not addressed from their multi-faceted perspectives, including values, identities, allocation of labour, distribution of resources, authority and decision-making power. All these imply, as argued by Kabeer (2010), that gender inequalities were reduced to a single and universally agreed set of priorities in the formulation of the MDGs. According to UN Women (2000–2009, the stand-alone MDG 3 on gender equality and women's empowerment did not explicitly address the need for transformation of gender relations. Moreover, reducing development to a list of artificially separated goals risks ignoring their interconnectedness and subsequently reinforcing a vertical nature in programmes, policies, research and funding. Fukuda-Parr (2015) notes that the narrative of development created by MDGs as meeting concrete numerical goals decontextualised what are essentially context-specific intangible processes of social change. Without any serious scrutiny, the achievement indicators only perpetuate an instrumentalist orientation to gender equality or any of the other MDGs that may or may not result in empowerment, because to be empowered means being able to transform the social institutions that shape everyday life (McIntyre et al., 2013). Instead, progress was tracked through a target on gender parity in education. While this is important, it was insufficient to capture other areas, such as overcoming gender-specific injustices including violence against women, gender-based wage discrimination, women's disproportionate share of unpaid care work, women's limited ownership of assets and property and unequal participation in public and private decision-making.

The MDGs thus ignored the complex and integrated approaches in addressing women's rights and sexual and reproductive health and rights, drawn from the 1994 ICPD, the 1995 Fourth World Conference on Women, in Beijing, and the 2005 Protocol to the African Charter on Human and Peoples' Rights on Women's Rights. The failure to address gender-based violence, abortion rights, reproductive health and rights, including gender identity and sexual orientation, or the needs and rights of young people, by emphasising a definition of reproductive health as solely under the purview of maternal health, were among the critical

omissions under the MDGs. Research suggests, furthermore, that progress towards gender equality and women's empowerment in the development agenda requires a human rights-based approach as well as support for the women's movement to activate and energise the agenda (Sen & Mukherjee, 2014), both of which, according to Sen and Mukherjee (2014), are missing from MDG 3 on gender equality and women's empowerment. Moreover, they argue that, by omitting other rights and not recognising the multiple interdependent, intersecting and indivisible human rights of women, the goal of empowerment was distorted and 'development silos' or fragmentations are created. Women's organisations are key actors in pushing past such distortions and silos at all levels and are hence crucial for pushing the gender equality agenda forward.

The problematic stance of the MDGs towards women's reproductive health and rights stems partly from the politics of agenda-setting that influences funding priorities such that financial support for women's organisations and for substantive women's empowerment projects was limited. Moreover, by narrowly focusing on basic needs, using target-driven strategies relying on short-term indicators, the goals failed not only to address the long-term processes of structural change in the economy and society but also the root causes of poverty, unequal development and the underlying power structures and relations. This is to say that neither gender equality nor women's empowerment could be achieved unless there was the willpower to address the social, economic and political structures. We argue that a major impediment to development in Africa and subsequently women's reproductive rights is neoliberal capitalism. The section below discusses neoliberal capitalism as the major structural force that has increased inequalities in Africa.

The Failure of MDGs to Address Neoliberalism and Resulting Global Inequalities

The imposition of the neoliberal capitalist model is, as argued by de la Barra (2006), the principal obstacle to development with dignity and rights in the Global South. This is because of the way it throws poor countries into debt, encourages looting of their natural resources and imposes public policies that contradict genuine social development. In the Global North, restructuring through neoliberalism has redefined the welfare state with implications for labour, welfare, caring and well-being (Dominelli,

1999; Monbiot, 2017). According to Dasgupta (2018), the nation state has declined, leading to the loss of control over capital flow and therefore less possibility to reinvest or redistribute wealth in the spaces where the wealth was created. This contributes to growing unemployment, poverty and inequalities. In addition to the decay of the nation state, the Global South, particularly the African continent, remains, even in the aftermath of colonialism, a major supplier of raw material with profits hoarded by the big corporations in the Global North (Akokpari, 2001).

For the Global South, neoliberalism was introduced through the structural adjustment programmes (SAPs), which forced poor countries to privatise essential services (including healthcare) as a condition for receiving development aid, whether in grants or in loans, the latter of which escalated the debt burden for the poor countries. Contrary to the assumption that market mechanisms would ensure efficiency leading to economic growth and poverty reduction, the economic policies under SAPs led to stagnation and deeper poverty. According to Bello and Ambrose (2006), conditionalities by the International Monetary Fund and the World Bank that forced governments of poor countries to cut spending on public institutions and subsidies to farmers as well as to privatise public services such as healthcare, education, water and electricity as prerequisite for receiving 'help' (including loans) deepened poverty in these countries. This indicates that the extreme poverty in the Global South is in part largely a result of neoliberalism or SAPs. The absence of a discourse dealing with inequalities arising from global neoliberalism in the process of creating the MDGs is critical. As argued by Teichman (2014), the focus on eliminating extreme poverty by using images of emaciated children was a more convincing or appealing argument than fundamental inequality reduction. The way in which poverty reduction was articulated in the MDGs can be understood as a type of what Cornwall and Brock (2005) describe as buzzwords often used in development discourse and practice. In addition, the policy of selective funding and related global gag rule, mainly from the USA, has complicated the situation in the poor countries, especially for women's reproductive health and rights. As already indicated, the fear of not getting aid, especially from the USA, was one factor that discouraged the UN Secretariat from being explicit about women's reproductive health and rights. The next section discusses this in more detail.

Selective Funding and the Global Gag Rule

Selective funding, particularly in the area of sexual and reproductive health and rights (SRHR), was yet another paradox, which even the UN Secretariat could not afford to ignore. This is related to the global gag rule (GGR), a policy restricting NGOs that receive funds from USAID for women's health, from using the funds freely, including family planning (Skuster, 2004). Under this rule, NGOs outside the USA are not allowed even to use their own funds to provide abortion services, counselling or referrals for abortion. This global gag rule is, according to Skuster (2004), a reinstatement of the Mexico City Policy introduced by President Ronald Reagan at the UN conference in Mexico in 1984 also restricting 'abortion as a method of family planning'. The ban was suspended during the Clinton administration in 1995. In 2000 the US Congress made the global gag rule statutory law, but it was later dropped. However, in 2001 President Bush used an executive order to re-impose the GGR as an administrative policy. The ban was later suspended by President Obama (Robinson, 2007; IPPF, 2009), only to be reinstated and expanded under the Trump administration. The expansion of the GGR under Trump included defunding the UNFPA to prevent any NGO from receiving funds from the USA if they provide not only abortion services but also any information regarding abortion (Yamin & Bergallo, 2017; CHANGE, 2020). In early 2021, President Biden issued a memorandum revoking the GGR, freeing funding for healthcare providers around the world who provide information about or access to abortion (Fielding, 2021). However, it did not take long before the US Supreme Court overturned Roe v Wade, a constitutional right to abortion in America. This leaves it to individual US states to decide whether they permit or ban the procedure that was passed in 1973. The overturning of Roe v Wade was possible because President Trump had managed to add abortion-rights opponents as judges in the federal Supreme Court, thus giving conservatives a 6–3 majority in the Court. The overturning of Roe v Wade in the USA is an indication that the GGR will persist in development aid in future administrations.

Underlying this scenario is the growing neoconservatism and religious fundamentalism advocating for a moralist approach to sexual and reproductive health and rights, whether it be the use of contraceptives, condoms or abortion. More than any other aspect of donor funding, SRHR is the issue where selective funding has been most exercised. The GGR has been strongly supported by religious organisations, notably the Catholic

Church's Holy See, which has Permanent Observer status at the UN. At international conferences, the Catholic Church has frequently used its power to block any reference to contraception and family planning (Maguire, 2003), an action that intimidates and enforces consensus or silence among delegates, particularly those from poor Catholic countries.

During the ICPD in Cairo in 1994, for example, the Catholic Church accused the Government of Kenya of promoting abortion. Two years later the Church organised a public exhibition where condoms and sexual education materials were burned (Wanyeki, 1996). Furthermore, religious groups were opposed to the inclusion of abortion in the new constitution adopted in Kenya in 2010 (Anyangu-Amu, 2010; Maina & Ciyendi, 2010). In 2002, the Government of Uganda complied with the request by the Cardinal of Uganda to stop its efforts to promote emergency contraception and to deem emergency contraception an abortifacient. As a consequence of the GGR, donor funding to African countries for contraceptives fell from 30 per cent in 1992 to 20 per cent by 2004. Many NGOs offering reproductive health services had to close down their health facilities offering contraceptive services. In Kenya, for example, the GGR resulted in a reduction of rural services related to maternal health, youth and HIV and AIDS extension services. The GGR also obstructed the liberalisation of abortion rights (CHANGE, 2020). In Ethiopia the main consequence of the GGR was that NGOs lost the necessary funding to continue with the much-needed peer education training and community-based services in slums and rural areas. In Ghana up to 700,000 people lost access to HIV prevention and education services as a result of the Planned Parenthood Association of Ghana losing 54 per cent of its funding. In other countries such as Senegal, Nigeria, Malawi, Lesotho, Mozambique, South Africa and Zimbabwe, the GGR rule resulted in a substantial decrease of HIV services and contraceptive use (CHANGE, 2020). Another consequence of GGR was that NGOs, as observed in Kenya and Ethiopia, stopped publicising success of post-abortion care programmes for fear of reprisal from the religious community (Skuster, 2004). The opposition by the Church is, however, not uncontested because, at the private level, women take actions including against what is religiously prohibited (see Ahlberg, 1991; Ahlberg & Kulane, 2010). Women in Kenya were, for example, observed to take actions such as travelling to distant clinics where they cannot be recognised to secure contraceptives. Other women chose to have long-lasting contraceptives such as tubal ligation or the coil implanted, likewise to avoid being detected of using

contraceptives. In some extreme cases, women reported securing contraceptives and even abortion when their daughters became pregnant in order to enable them to continue schooling as a future investment for the family. These brave actions were, however, not without cost, particularly psychological, because in the case of an illness the women believed they were being punished for breaking the teachings of their Church (Ahlberg, 1991). Reproductive health and rights, and specifically women's bodies, have thus become a battleground where the powerful moralist agents are at war with public health and human rights approaches.

In the area of HIV and AIDS prevention, the swords were similarly drawn along moral grounds (Okumu, 2017). The President's Emergency Plan for AIDS Relief (PEPFAR) funding by the Bush administration was, for example, mostly channelled through international organisations (mainly based in the USA), including faith-based organisations (FBOs) (Oomman et al., 2007). The FBOs predominantly orchestrate the moral message of sexual abstinence until marriage (Barnett & Parkhurst, 2005; Okumu, 2017), disregarding the growing evidence suggesting just how risky marriage is for women (Mathole et al., 2006; Crichton et al., 2008). Those donors promoting abstinence-only education removed condoms from their support (Booker & Colgan, 2004). Moreover, they aggressively discredited the condom as being ineffective, arguing further that premarital sex leads to unhappy marriages in the future and causes depression and suicidal feelings among teenagers (Bader, 2005). Abortion has never been presented as an option. Furthermore, local organisations receiving PEPFAR funds for HIV and AIDS were similarly required to sign a pledge not to support prostitution in their programmes (Bristal, 2006; Saunders, 2004). Organisations funded for HIV and AIDS have thus been reluctant to include the forbidden aspects of sexual and reproductive health for fear of losing funding (Sinding, 2005; Okello, 2005), a kind of carrot-and-stick strategy and response. Uganda, known for its openness from the start of the AIDS epidemic, is an example of a country forced to retreat from its openness as a condition for receiving the PEPFAR funds from the Bush administration (Booker & Colgan, 2004). For these reasons, Messer (2004), a New American Methodist priest, described the Church as 'the second virus'.

So far, we have looked at the paradoxes in development discourse and practice, highlighting in particular the shortfalls in MDGs and related disconnect with neoliberal, neoconservative and religious fundamentalist rationalities. The next section therefore needs to examine future solutions. Given

the way that Africa has been the target of exploitation, whether through colonialism and neocolonialism or today's neoliberalism or tied aid, two forms of action are necessary. The first is a critical appraisal using a postcolonial lens and the second is a reflection on the transformative role that academia should embrace in education and research as part of policy action.

Conclusion: The MDGs—Reproductive Justice from a Postcolonial Perspective

The MDGs, or the way they accommodated or ignored engaging with the issue of inequalities generated and supported by neoliberalism, selective funding and GGR, can be viewed as colonialism replayed. A postcolonial perspective is thus imperative in part to understand the complexities of where to go forward. For Mbembe (1992), postcoloniality is a state of multiple temporalities where Africa is evolving in multiple and overlapping directions simultaneously. Thus, the postcolonial should interrogate the present by questioning the fixed sense of the self and historical certainties to allow for exploring avenues through which subjectivities are constructed, maintained and contested. McEwan (2001) argues that, rather than taking postcolonialism as signalling an epochal shift from colonialism to after-colonialism, it should embrace ways of critiquing material and discursive legacies of colonialism, especially given that the influence of the West lies in its power to define, represent and theorise. McEwan (2001) further argues that, in the same way, hypotheses by Western feminists have been called into question by a range of scholars because of their assumption that women globally face the same universal forms of oppression. We take the view advanced by McEwan that development in its operations, its geographies and its uneven distribution for achieving it is about power. Hence, an analysis of power should be central to contemporary development. This line of argument helps to reposition the dominant and the marginalised on the stage of a cultural discourse, challenging the representations of the colonised and colonising cultures in binary forms with essential, unchanging features (Narayan, 2000). More significantly, it allows reflection on the specific ways that African systems, including those regulating sexuality, were and continue to be (as is clear from the application of the global gag rule) nearly suffocated, silenced, stereotyped and stigmatised (Ahlberg, 1994, 2008; Ani, 1994). HIV and AIDS generated conflicting voices regarding cultures and sexualities in the African contexts. In a historical

analysis of the response to AIDS in Western countries, Baldwin (2005) notes how the view of Africans sodomising or, alternatively, eating apes became an image in Western thinking. Many Africans and African governments responded initially to AIDS by defending themselves against Western images, thereby losing time in responding to the virus. The stress on the marriage boundary advocated in the Christian faith is similarly advocated in many indigenous African moral regimes. However, the different regimes have unique rules, norms and logic which may appear immoral viewed from the perspectives of the other. The seemingly open sexualities in some societies in Africa were, for example, condemned as promiscuous and forbidden by the early Christian missionaries (Ahlberg, 1994; Ani, 1994), as was the case with the *ngwiko* practice (non-penetrative intercourse) among the Kikuyu people in Central Kenya. Young people, after initiation, were allowed to dance and sleep together to enjoy each other, but without full sexual intercourse. Cultural rules of punishment and methods of discovering whether a couple had engaged in full sexual intercourse, and the punishment thereafter, discouraged young people from doing this. Besides, it was believed that the act could lead to calamity such as illness or death in the family (Ahlberg, 1991). It can be argued that the missionaries' condemnation of local practices at the time, reflected their active role in the colonisation process, where they were part of the colonial dominating powers. In this context, they were used as the software to win through converting the African soul or as the handmaidens of information-gatherers and adjuncts of corporate penetration, as described by McAlister (2019). They were also used for dividing the local people along religious lines, as was the case in India under British colonial rule (Hallinan, 2007). The missionaries 'wore an extra hat' by providing education to produce a local elite (Shivji, 2007), using a language of bringing good news and civilising the savages. The global gag rule today and the use of faith-based organisations in the development aid discussed earlier seem to be repeating this history.

The education was, as Mitchell and Salsbury (1996) argue in the case of Tanzania, designed to prepare young people for the service of the colonial state by teaching only the values of the colonial society. It was therefore intended to produce half-baked individuals, but it is here that the near-suffocation of local values was entrenched. It is hardly surprising that the missionaries failed to see that sexual transgression outside marriage was similarly condemned in many societies in Africa (Ahlberg, 1994; Mugambi, 1989). The bone of contention instead seemed to be how sexual pleasure was expressed. The civilising mission did not end at independence. There

has been a resurgence of religious fervour since the end of the Cold War (McAlister, 2019) within an unprecedented number of Western humanitarian organisations including evangelicals (Hearn, 2002).

In light of the above, the question can then be whether and how academia can engage in an attempt to localise or contexualise the development discourse and practice generally but, more specifically, within Africa's Agenda. The African Peer Review Mechanism (APRM) demonstrates, as argued by Achieng (2014), the need for promoting that African agency in tackling political, economic, corporate and social economic governance is possible with political will. What is implied here is the need for integrated or inclusive interventions which engage different knowledge systems or, in other words, contextualise interventions rather than giving a 'one size fit all'. In this context, perhaps no change will take place without academia or science in general rethinking its tools of work (Odora Hoppers & Richards, 2012). This would, for example, entail moving from the monodisciplinary to interdisciplinary and transdisciplinary collaborations and partnerships (Grey & Connolly, 2008) in search of fruitful alternatives and ways of contextualising the various problem areas by addressing the institutional structures in their complexity.

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