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Scientists condemn imbalanced and discriminatory use of imagery in global health

Key actors in global health who set policy and strategy have until now been depicting women and children from low-income and middle-income countries (LMICs) with less dignity, respect, and power than those from high-income countries.

In a [paper](#) recently published by respected journal, *The Lancet* and co-authored by University of Cape Town's (UCT) Professor Mendelson, head of the Division of Infectious Diseases and HIV Medicine, the authors developed a framework that provides a platform for global health actors to redefine their intentions and recommission appropriate images that are relevant to the topic, respect the integrity of all individuals depicted, are accompanied by evidence of consent, and are equitable in representation.

According to the paper, adhering to these standards will help to avoid inherent biases that lead to insensitive content and misrepresentation, stigmatisation, and racial stereotyping.

The paper is titled: 'The use of imagery in global health: an analysis of infectious disease documents and a framework to guide practice.'

Historically, organisations based in high-income countries (HICs) are said to have used visual tropes such as emaciated children to raise the compassion, awareness, and funds necessary for interventions. The devastating consequences and unequivocal absence of accountability associated with using such imagery were highlighted by a series of images of children used by Médecins sans Frontières.

Mendelson said: "The current use of imagery in global health presents an example of gross ethical inequity in how we communicate global health messages. Our proposed framework for use of images lays the groundwork for change."

Images of child rape survivors became available for sale in online stock libraries, prompting an open letter to Médecins sans Frontières by a group of academics, photographers, and Médecins sans Frontières staff who questioned their use and asked for standardised guidelines for the use of imagery, particularly of children.

“Although the Médecins sans Frontières example stands out, inappropriate use of images occurs in the paraphernalia and media releases of many global health organisations. Such use of inappropriate imagery reinforces biases and perpetuates harm rather than challenge the issues that must be addressed to achieve global equity in health and wellbeing,” Mendelson notes.

The paper reviewed imagery adopted in public-facing grey literature intended for the general public and related to infectious diseases by global health actors headquartered in HICs, to deliver insight into how imagery use can be made equitable, respectful, ethical, and relevant.

Infectious diseases represent an area of global health not restricted by geography but where inequities prevail, with the greatest burdens present in LMICs.

A total of 1115 images were gathered across 118 reports, sourced from 14 global health actors. Of these images, 859 (77%) had identifiable people present in the image. Health-care professionals were depicted in 370 (33%) images, adult non-health-care professionals were depicted in 402 (36%) images, and children were depicted in 393 (35%) images.

“It is crucial to engage with these issues and to identify how ‘we’ can work to treat individuals featured in global health imagery equitably, regardless of their circumstance, geography, race, gender, or socioeconomic status. The current narrative depicted within the imagery of infectious diseases reports in global health represents power imbalances driven by race, geography, and gender,” added Mendelson.

[Read the paper.](#)



Professor Marc Mendelson

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