

GAPSYM11

HEALTH IN AFRICA - AN INTERDISCIPLINARY APPROACH

15 December 2017 – Ghent University

Introduction

The Africa Platform of Ghent University Association organizes its 11th international symposium on 15 December 2017. After a highly successful jubilee edition in 2016 (GAPSYM10), we now aim at a symposium with a central focus on interdisciplinarity within the wider domain of health in Africa. Five sub-topics have been identified and we invite presenters to submit an abstract within the framework of one of these sub-topics.

Sub-topic 1: Health care, space and materiality in Africa, past and present

Session organizers:

Johan Lagae, Department of Architecture and Urban Planning, joan.lagae@ugent.be

Koen Stroeken, Department of Languages and Cultures, koen.stroeken@ugent.be

A substantial scholarly literature already exists on health care in Africa, both in colonial and post-independence times. Yet, much less attention has been given to the physical framework and spaces in which health care is provided and performed. What can we learn from inquiring health care infrastructure in African contexts? How are hospital buildings, often still dating from colonial times, still used today and what kind of ideas and policies around their use and rehabilitation have been developed? What kind of spatial governmentalities can be encountered on hospital sites, considering that African socio-cultural practices of dealing with illness, affliction and death might well conflict with an infrastructural accommodation based on a typology that often was imported from and based on models applied in the West. How are relations between medical staff, patients and their relatives, who often provide the basic logistic support (including food), played out and negotiated, also in spatial terms? How to rethink an 'architecture of care' beyond technocratic development policies? And what have historical inquiries and memory work on health care sites, the people that live them and the material culture they produce, to bring to a reflection on the above questions?

Sub-topic 2: The quest for healing as a driver in political mobilization and development

Session organizers:

Vicky Van Bockhaven, Department of Languages and Cultures, vicky.vanbockhaven@ugent.be

Judith Verweijen, Department of Conflict and Development Studies, judith.verweijen@ugent.be

The purpose of this panel is to re-visit old and new research on movements and institutions which are characterized by a quest for health and healing, and which play a role in the political mobilization of people in Central Africa since pre-colonial times until today. Such phenomena have been designated with different names (closed associations for collective magic, cults of affliction, religious movements, collective therapies, primary resistance, peasant movements, therapeutic insurgencies, ...) and were often framed as subversive under colonial rule. They were categorized as either religious, political or therapeutic, while in reality they straddle all these different domains.

Janzen pointed out the importance of such therapeutic institutions ("collective therapies" as he calls them) as factors of change in the political history of Central, East and South Africa. These collective therapies focused on curing social ills and guaranteeing the general well-being of the community, a responsibility of those in power, and of which armed struggle is also a part. The ritual authority emanating from them has often played a role in the development of "political institutions" because such associations and their leaders could consolidate, or contest and usurp the authority of chiefs or colonial authorities alike, taking up functions of the state when chaos was rampant (e.g. Lemba in Lower Congo). But they were also sought after, appropriated and manipulated by chiefs to re-invigorate their authority by becoming members and by tying the ritual specialists to them in dualities of power (e.g. Ryangombe/Cwezi in Tanzania). Starting off as volatile movements their survival and institutionalization depended on their perceived efficacy in different social settings. Throughout Central Africa they existed in varying relations with centralized and segmentary forms of political organization. Hunt described therapeutic insurgencies (e.g. maria nkoi, kitawala) under colonial rule as reflections of human agility in a shrunken milieu. Characteristics of such therapeutic institutions can also be found in more recent rebel or militia groups such as simba and mai mai. They are in other words an important factor in the political history of Central Africa.

Under colonial rule, therapeutic institutions such were often regarded as uncontrollable and subversive secret societies, because of their potential challenge the powers in place and promote insubordination. Therefore customary chiefs appointed on behalf of the colonial government were often forced to renounce and fight many of those supernatural, remedial practices they actually needed to be in control of, in order to sustain their legitimacy and keep their people in check. What came to be seen in colonial and postcolonial times in terms of contestation (framed as subversive sects or rebellions) should perhaps be reconsidered as the continuation of a historical process. This panel would like to bring together studies of old and new therapeutic phenomena and their role in conflicts and politics, welcoming perspectives from different disciplines.

Sub-topic 3: Mental health and disability

Session organizers:

Femke Bannink, Department of Special Needs Education, femke.bannink@ugent.be

Ilse Derluyn, Centre for Children in Vulnerable Situations, Department of Social Work & Social Pedagogy, ilse.derluyn@ugent.be

Sustainable Development Goal target 3.4 requests that countries: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being." Target 3.5 requests that countries: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol." Disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs.

Worldwide 10% of the population suffers from a mental illness at some point in their life time; about 15% of the world's population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning. Mental health and disability have been neglected areas in the organization and provision of health care services in most African countries. Yet armed conflicts, genocide, violence, famine and displacement in the African Region are causing significant challenges to mental health. Rates of physical and psychological trauma can result in lifelong impairments and often double after emergencies.

In the mental health and disability session of the 'Health in Africa' GAP Conference 2017, we welcome papers addressing themes of trauma, mental health, substance abuse, and disability & health from a range of social sciences scholars.

Sub-topic 4: Health system challenges for donor darlings: perspectives from the ground

Session organizers:

Anna Galle, International Centre for Reproductive Health, Department of Obstetrics and Gynaecology, anna.galle@ugent.be

Lies Steurs, Centre for EU-Studies, Department of Political Science, lies.steurs@ugent.be

The past decades, there has been a huge increase of international health assistance for African countries. A lot of money has been invested in fighting specific diseases (in specific countries), such as HIV/AIDS, TB and malaria. Consequently, a lot of progress has been made in this area: new HIV infections dropped by almost one-third from the epidemic peak and child deaths from malaria in sub-Saharan Africa have dropped 31.5% in the past decade. However, less money has been invested in basic health care and strengthening the broader health system itself which raises the question about whether other health services in recipient-country health systems are being strengthened by this approach or not. Despite the increase of donor funding, most African donor darlings are still facing severe health system challenges, including a severe shortage of human resources for health, no access to essential medicines, a lack of health education and poor quality of care.

This session welcomes contributions which focus on these health system challenges within one or more African countries. Contributions can focus on the overall health challenges within a specific country/region or they can be focused on a specific theme, such as: procurement and distribution of medicines, projects/policies driven by ideology (or a hidden agenda) rather than evidence, the rights of vulnerable groups, health system issues such as management and logistics, etc. We especially welcome contributions that incorporate perspectives from the ground, including insights from the local governments, local CSOs, patients and/or representatives of development agencies.

Sub-topic 5: Childhood malnutrition in Sub-Saharan Africa

Session organizers:

Sarah De Saeger, Laboratory of Food Analysis, Department of Bioanalysis, sarah.desaeger@ugent.be

Gerard Bryan Gonzales, Laboratory of Food Analysis, Department of Bioanalysis, gerard.gonzales@ugent.be

Marthe De Boevre, Laboratory of Food Analysis, Department of Bioanalysis, marthe.deboevre@ugent.be

Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. It encompasses 2 broad groups: 'undernutrition' or 'overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and cancer)'. Childhood undernutrition – directly and indirectly – remains a leading cause of childhood mortality worldwide and is responsible for 35% of deaths among children under-five years (WHO, 2017). In 2011, global estimates suggested that 52 million (8%) children under-five years were acutely malnourished (UN, 2011). Malnutrition increases susceptibility to disease, worsens existing diseases and undermines all efforts to truly improve the physical and mental health of a child. While severe malnutrition is the result of inadequate quantity and quality of food intake, several complications resulting from malnutrition still remains enigmatic and extremely difficult to manage. For instance, many children still die even under hospital care. Research on childhood malnutrition, especially on the aetiology and pathophysiology of the associated complications, has been slow and these conditions are now considered as “neglected diseases”. As Africa is currently experiencing one of the worst food crisis in history, it is unimaginable how many children are suffering from diseases associated with malnutrition that we do not fully understand. This lack of understanding leads to lack of appropriate treatment, and worse, lack of immediate action.

This session aims to discuss childhood malnutrition and various needs that have to be addressed. The session will be in the format of a panel-discussion with both in-house experts as external stakeholders.

References:

WHO: <http://www.who.int/nutrition/topics/malnutrition/en/> accessed: 2017

WHO: <http://www.who.int/features/qa/malnutrition/en/> accessed: 2017

United Nations (UN) Inter-Agency Group for Child Mortality Estimation, Levels & Trends in Child Mortality Report (2011);

www.childinfo.org/files/Child_Mortality_Report_2011.pdf

Abstract submission

Abstracts should not exceed 500 words and should be written in English or French. Submission occurs by mail and before 1 June 2017 to the GAP secretariat (Gap@UGent.be), mentioning "GAPSYM11 – abstract title". Also indicate within which sub-topic/session your abstract is situated.

The full programme of the symposium will be made available immediately after the summer break in order to allow partners in Africa to make travel arrangements.

Poster presentations

GAPSYM11 offers doctoral students, MA students and other researchers the opportunity to present their research projects by means of a poster. Through these poster presentations GAP seeks to give an overview of all current, Africa-related projects and doctoral research at Ghent University Association.

Researchers who would like to submit a poster should also send in an abstract of this poster (before 1 June 2017). The posters (A0 format-portrait) should be delivered to the GAP secretariat (Ghent University, Dpt. of Plant Production, Campus Coupure, Block A, room A2.062, Coupure Links 653, 9000 Gent), by December 1st 2017.

Special issue

The 2018 autumn edition of our international and double-blind peer-reviewed journal Afrika Focus will largely be devoted to the theme of GAPSYM11. Regular speakers as well as guest speakers are invited to submit their papers for publication in this special issue of Afrika Focus. The deadline for submitting the manuscript is 1 January 2018. If the paper is accepted, it will be published in autumn 2018.

GAP secretariat

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