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Urban Health in Sub-Saharan Africa

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Report

Urban Health in Sub-Saharan Africa

Organisers

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Themes and Objectives

Considering rapid urbanisation processes in sub-Saharan Africa and other parts of the world, the issue of "urban health" has in recent years become a major issue for international health policy and in the applied health and social sciences. Many recently published studies discuss the complex, interlinked risk factors that affect the health of urban populations in the course of increasing global ties and restructuring and the infrastructural and spatial (re)-organisation of urban centres in which these are embedded. Drawing on the research field of "urban health", the workshop "Urban Health in Sub-Saharan Africa" articulated these issues in the selection of the papers that were presented: urbanisation in sub-Saharan Africa was discussed in relationship to the aggravation of social conflicts, increasing poverty and associated ghettoisation as well as in terms of urban lifestyles and a high population density that provide a bed for the spread of infectious diseases and epidemics such as cholera, HIV/AIDS and tuberculosis.

In addition to being situated in a public health-oriented spectrum, the workshop was intended to show new opportunities, which - viewed from an anthropological/social science perspective - left room for the study of innovation, creativity and social freedom of action. The papers presented at the workshop thus showed that while contemporary reconfigurations of health care in African urban centres initially resulted in social differentiation in access to health services and thus increasing stratification in the health care system, this liberalisation process and the integration of African health systems into transnational health politics at the same time created such conditions that many population groups for the first time gained access to any form of comprehensive health care at all. Urbanisation and the "neo-liberal reform" of health care in the past decades are perceived especially by biomedical providers, traditional healers and thriving religious healing organisations as an opportunity to gain access to a growing – and sometimes wealthy – urban middle and upper class. But individual players also develop new strategies in the face of increasing "projectification" and fragmentation in the health care system: to gain access to health services and to position themselves in relation to new health-relevant resources. Cities in sub-Saharan Africa have thus become "social laboratories" for medical-related innovations that are embedded in local, global and transnational power relations and both reflect and promote processes of social, religious and cultural differentiation.

Methodology and Results

The working language of the workshop was English. However, the event was accompanied by a translator from Mali who assisted in overcoming the language barrier between francophone and anglophone participants. The following four issues were discussed in panels:

1. In the panel "Structurally Adjusted Health Systems: Emerging Institutions, New Social Techniques" the development of institutional configurations and the associated "social techniques" (i.e. ideas of citizenship, civil society, democratisation processes) were discussed in the context of the transnationalisation of health politics.

2. In the panel "Zones of Deregulation: Urban Markets and Entrepreneurship of Medicine and Healing" the participants discussed in particular the market-related reorientation of different health care actors in the context of structural liberalisation and the resulting pluralisation of urban health markets.

3. The panel "Striving for Health in the City: Experiencing Inequality, Struggling for Access" addressed the question of how processes of social differentiation affected access to health services in urban contexts and how different actors (patients, households, etc.) experienced and negotiated the resulting challenges.

4. In the panel "Translocal Ties: Treatment and Care for and among Migrant Population" the influence of translocal and transnational connections, resources and networks on health risks were discussed as well as the individual and collective ways of dealing with illness and healing in the context of globalised migration flows.

The discussions following the four panels – and the concluding discussion as well – stressed that the talks had outlined "urban health" from an innovative perspective and developed perspectives for current and future research projects. At the same time, however, it was noted that future discussions and research projects should focus on a more systematic reflection of how "urbanity" can be defined in terms of health care-relevant issues from a social science – but also from an interdisciplinary – perspective and how health risks and practices are embedded in specific spatial, material and social configurations in urban Africa - beyond the level of discourse alone. Further discussions and research could be based on the following analytical questions and hypotheses:

- In addition to the need to consider urban diversity within the research field of "urban health" more systematically and to connect it explicitly with comparative approaches, a study of urban health should take into account the densification and diversification of the health-based crises - and the associated, sometimes counterproductive strategies and resources - in African urban contexts. Cities are characterised not only by the complexity and complex interplay of risk and problem constellations; they also provide resources and opportunities for different actors to prevent these challenges or to overcome them - or, at worst, to strengthen them or to create them anew.
- Research on urban health should pay greater attention to the complex materiality's and configurations of spaces that constitute the health landscape of urban Africa in the context of transnational and global interdependencies: the circulation and appropriation of *materia medica* and new medical technologies and health practices of the urban population are embedded in the production of overlapping social and material spaces that reveal the "social life of things" and the specific moral and social challenges of urban life.
- On another level it is necessary to examine how urbanisation and health are connected to processes of the production and the simultaneous hierarchisation and diversification of knowledge in sub-Saharan Africa. This raises the question of how claims to knowledge and truth are established by different actors and how such processes are connected with social tensions and the control of or access to resources. It must also be investigated how knowledge production is integrated into broader social, religious and cultural processes that imply both politics of belonging and dynamics of identification as well as infiltration by alternative forms of knowledge and the questioning of established power structures.
- Future research should also deal with the methodological challenges that characterise "urban health" from an inter- and transdisciplinary perspective. These do not only include questions about the ethical and methodological instruments of individual

disciplines that are ill prepared to meet the challenge associated with the above-sketched questions. Moreover, the historicity of health experiences and processes must be considered by means of which a specific understanding of urban health in the context of recent global and transnational linkages can be achieved. Finally, it is necessary to clarify (the in the context of the workshop quite controversial issue of) how predominantly academically oriented research can in the medium term find application in practice and the ethical implications that such feedback would have.

The presentations and discussions in the workshop – especially with regard to the forward-looking contributions of the discussants – were received very positively by the participants. It was emphasised that the combination of papers with different regional and disciplinary foci (anthropology, sociology, history and political science), as well as the involvement of scholars from the southern, eastern and western Africa and from different parts of Europe and North America provided unique opportunities for transatlantic as well as intra-African networking. Visits to health facilities on site also proved to be quite fruitful, providing a clear connection to the host city of Bamako and enriching the nature of the discussions. Insights into the workings and the challenges of a state university hospital (Hôpital Gabriel Touré) and a private health facility (Clinique Pasteur) could thus be won. An urban development project initiated by the former Malian Minister of Culture, Draman Aminata Traoré, aiming at improving urban living conditions (i.e. closing of open sewers, paving of streets, etc.) while creating new forms of participation for neighbourhood residents in improving their living conditions was also visited. The evaluation discussions showed these visits provided a multidimensional picture of health facilities and their position within the Malian health system: the latter were discussed with regard both to issues of access and the (non)availability of resources in the different health facilities as well as in terms of the implied social relations, cultural spaces and practices of self-presentation in these institutions.

Sustainability of the Event

The final discussion revealed a great need for further discussions on the theme of "urban health" among the participants, a need that will initially be met in individual publication projects and research collaborations and in the establishment of a "loose research network". The aim of this network – for which an email list was created at the end of the workshop – is the exchange of relevant publications and conference proceedings in the field of urban health issues and the realisation of further research and events, which in turn will produce further, joint publications.

Participants

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