



CODESRIA

Theme: *Private Health Provisioning in Africa*

Call for Applications

The Council for the Development of Social Science Research in Africa (CODESRIA) was established in 1973 as an initiative of African scholars for the promotion of multidisciplinary research that extends the frontiers of knowledge production in and about Africa, and also responds to the challenges of African development. Within the broad framework of the mandate defined for the Council in its Charter, various research and training programmes have been developed over the years for the purpose both of mobilising the African scholarly community and responding to its needs. The Council also has a robust publications programme which has earned it a reputation as one of the leading academic publishers in Africa. Its training programmes are particularly targeted at younger, mid-career scholars whose need for support in advancing their reflections on conceptual and methodological questions was at the origin of the initiation by the Council of a number of annual thematic institutes. At present, CODESRIA runs annual Governance, Gender, Humanities, and Child and Youth Studies institutes.

As part of on-going programme innovation and expansion, the Council in 2004 launched an institute on *Health, Politics and Society in Africa* in a bid to promote an enhanced interest in multidisciplinary health research among African scholars. The initiative flows from the current CODESRIA strategic plan which has placed a considerable emphasis on the promotion of social science approaches to health studies in Africa and a structured dialogue between the Social Sciences and the Health/Biomedical Sciences. The initiative has also become imperative at a time when the African continent is faced with one of the most severe health crises in its history. Most symbolic of this crisis is the HIV/AIDS pandemic which has been ravaging the continent for sometime now even as such diseases as malaria continue to take a heavy toll while tuberculosis and polio, once under control, are enjoying a resurgence. The HIV/AIDS pandemic itself came to the fore in the context of a generalised weakening of the health structures and processes of African countries, as well as the decline in the average health and nutritional status of Africans, the latter speaking directly to the increased levels of personal and household impoverishment on the continent. At the root of the decline in the health status of Africans are such factors as the prolonged economic crises which African countries have faced in the period since the early 1980s, the inappropriate adjustment measures prescribed by the International Financial Institutions (IFIs) for containing the crises but which exacerbated the problems that were already being experienced in the health sector, and the massive brain drain from the sector.

Objectives:

The main objectives of the Institute on Health, Politics and Society are to:

- Encourage the emergence and sustenance of a networked community of younger

African scholars in the field of health research;

- Promote methodological and conceptual innovations in research on African health questions through the application of an enhanced social science approach;
- Encourage a structured dialogue between the Social Sciences and the Health/Biomedical Sciences as part of the quest for a holistic approach to understanding health, politics and society in Africa; and
- Promote the sharing of experiences among researchers, activists and policy makers drawn from different disciplines, methodological/conceptual orientations, and geographical experiences on a common theme over an extended period of time.

Organisation:

The activities of all CODESRIA institutes centre on presentations made by resident researchers, visiting resource persons, and the participants whose applications for admission as laureates are successful. The sessions are led by a scientific director who, with the help of invited resource persons, ensures that the laureates are exposed to the range of research and policy issues generated by or arising from the theme of the Institute for which they are responsible. Open discussions drawing on books and articles relevant to the theme of a particular institute or a specific topic within the theme are also encouraged. Each of the participants selected to participate in any of the Council's institutes as a laureate is required to prepare a research paper to be presented during the course of the particular institute they attend. Laureates are expected to draw on the insights which they gain from the Institute in which they participate to produce a revised version of their research papers for consideration for publication by CODESRIA. For each institute, the CODESRIA Documentation and Information Centre (CODICE) prepares a comprehensive bibliography on the theme of the year. Access is also facilitated to a number of documentation centres in and around Dakar.

The 2007 Session: Private Health Provisioning in Africa

African countries attained independence in the 1960s on the basis of a broad social contract between the nationalists who inherited state power from the colonial authorities and the general populace whose support was instrumental to the success of the independence struggle. At the centre of the contract was a commitment by the nationalists to an across-the-board improvement in the lives and well-being of the populace in ways which also overcame the discriminatory restrictions that underpinned colonial social policy and opened new opportunities for social advancement. The health and educational sectors occupied a pride of place in the early investments which post-colonial governments made in the social sectors; overall, those sectors witnessed an all-

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round expansion in the period up to the end of the 1970s. As it pertains specifically to the health sector, the primary accent was placed on developing the infrastructure for the provision of “modern” medicine to the bulk of the populace. From the primary health centres that were created to the bigger, mostly urban-based general hospitals and specialist medical centres, the expansion of the “modern” health sector was treated as a tangible goal of independence to which public investments were poured. At the same time, attention was given to training of health personnel – nurses, midwives and doctors – both locally and abroad to staff the medical establishments which governments set up.

For the period up to the middle of the 1980s, most of the public medical centres that were established functioned relatively well: They were well-provisioned in most senses, including the drugs and personnel they needed to render services to the citizenry. Governmental financial subventions to meet their operational expenses were also regular even if not always sufficient. In turn, public medical establishments generally enjoyed the confidence of the public and were often the first choice of most patients on account of the quality of their services and the equipment at the disposal of their staff members. This picture was, however, to begin to change rapidly from the mid-1980s onwards when, in the wake of the economic crises which African countries one after the other began to undergo, the health sector suffered severe setbacks from which it still has not recovered. Apart from the severe cut-backs in the budgetary allocations by governments under severe pressure to balance their budget, the sector was to witness a mass exodus of qualified personnel on account of a variety of factors. The brain drain from the public health sector was fuelled by the sharp deterioration of the physical infrastructure and equipment base of most health institutions; the severe shortages of drugs and other supplies that became a way of life; the deterioration in the remuneration of public health staff; and overall environment of work that discouraged professional excellence. As if the exodus of staff was not enough, governments were also to carry out retrenchment exercises as part of their public sector reform programmes crafted within the framework of IMF/World Bank structural adjustment. The adjustment framework also became the platform through which so-called cost-sharing/cost recovery policies were introduced from the 1980s onwards, policies which, taken with the deterioration in the public health system, acted as a disincentive for continued popular access to and use of the services of the public health institutions.

The crises of public health provisioning acted as a spur for the emergence and/or expansion of private health services underpinned by a market logic. Private health provisioning has undergone a significant growth and expansion not just in terms of numbers but also with regard to the levels and complexity of services offered. In addition to local private providers – many of them former or serving employees of the public health system who have not joined the brain drain (yet) – there is also a steady stream of private international providers entering into the local health sector to offer general and specialist services. In many cases, the private providers depend on moonlighting public health sector personnel in order to sustain some of their services. Alongside the development of private health provisioning has been a growth in the private health insurance market. The emergence and expansion of the private health system also signalled the formal arrival of a highly stratified health structure in most African countries whereby the working poor either

had to make do with the public health system such as it exists or seek other popular alternatives through “traditional” medicine while the richer members of society shifted their patronage to private providers. Available evidence suggests that this stratification is reflective of broader processes of deepening social inequality in Africa associated with the marketisation drive that has underpinned much of public policy over the last two and half decades.

Participants in the 2007 session of the CODESRIA Institute on Health, Politics and Society will be encouraged to explore the various dimensions of contemporary private health provisioning in Africa. What are its origins and what is the nature of the private health sector? Who are the private health providers? What patterns of locally-driven private health provisioning are emerging? How is the growing international trade in health services that is being promoted by the World Trade Organisation (WTO) refracted into the development of the local private health market in Africa? What kinds of public policy frames exist for the functioning of private health centres, how are the centres regulated and to what effect? Who are the takers of private health services with particular reference to social class and gender? Are there correlations between income and/or gender, for example, in the consumption of health services in an increasingly stratified social context? In addition to the social geography of private health provisioning, what does the physical distribution of the private health institutions tell us about its physical geography? What connections exist between private health providers and private suppliers of health insurance? On what foundations (ideological and/or otherwise) are the claims of quality in private health provisioning based and is there any merit to them? How have the private health institutions, by their sheer existence, affected what is left of the public health system? In the health-seeking behaviour of the populace, how are the available private, public and “traditional” health services negotiated? The range and variety of research and policy issues associated with the on-going expansion of private health provisioning is endless and various multidisciplinary entry points are required for the achievement of a balanced and holistic understanding. Prospective participants in the Institute are invited to address themselves to these different entry points and other related aspects of research on health system governance in Africa.

The Director

For every session of its various institutes, CODESRIA appoints an external scholar with a proven track-record of quality work to provide intellectual leadership. Directors are senior scholars known for their expertise on the topic of the year and for the originality of their thinking on it. They are recruited on the basis of a proposal which they submit and which contains a detailed course outline covering methodological issues and approaches; the key concepts integral to an understanding of the object of a particular Institute and the specific theme that will be focused upon; a thorough review of the state of the literature designed to expose laureates to different theoretical and empirical currents; a presentation on various sub-themes, case-studies and comparative examples relevant to the theme of the particular Institute they are applying to lead; and possible policy questions that are

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worth keeping in mind during the entire research process. Candidates for the position of Director should also note that if their application is successful, they will be asked to:

- participate in the selection of laureates;
- identify resource-persons to help lead discussions and debates;
- design the course for the session, including the specification of sub-themes;
- deliver a set of lectures and provide a critique of the papers presented by the resource persons and the laureates;
- submit a written scientific report on the session.

In addition, the Director is expected to (co-)edit the revised versions of the papers presented by the resource persons with a view to submitting them for publication in one of CODESRIA's collections. The Director also assists CODESRIA in assessing the papers presented by laureates for publication as a special issue of *Africa Development* or as monographs.

Resource Persons

Lectures to be delivered at the Institute are intended to offer laureates an opportunity to advance their reflections on the theme of the programme and on their own research topics. Resource Persons are, therefore, senior scholars or scholars in their mid-career who have published extensively on the topic, and who have a significant contribution to make to the debates on it. They will be expected to produce lecture materials which serve as think pieces that stimulate laureates to engage in discussion and debate around the lectures and the general body of literature available on the theme.

Once selected, resource persons must:

- submit a copy of their lectures for reproduction and distribution to participants not later than one week before the lecture begins ;
- deliver their lectures, participate in debates and comment on the research proposals of the laureates ;
- review and submit the revised version of their research papers for consideration for publication by CODESRIA not later than two months following their presentation.

Laureates

Applicants should be African researchers who have completed their university and /or professional training, with a proven capacity to carry out research on the theme of the Institute. Intellectuals active in the policy process and/or in social movements/civic organisations are also encouraged to apply. The number of places offered by CODESRIA at each session of its institutes is limited to fifteen (15) fellowships. Non-African scholars who are able to raise funds for their participation may also apply for a limited number of places.

Applications

Applicants for the position of **Director** should submit :

- an application letter;
- a proposal, not more than 15 pages in length, indicating the course outline and showing in what ways the course would be original and responsive to the needs of prospective laureates, specifically focussing on the issues to be covered from the point of view of concepts and methodology, a critical review of the literature, and the range of issues arising from the theme of the Institute;
- a detailed and up-to-date curriculum vitae; and
- three writing samples.

Applications for the position of **resource persons** should include:

- an application letter ;
- two writing samples ;
- a curriculum vitae ; and
- a proposal, not more than five (5) pages in length, outlining the issues to be covered in their proposed lecture.

Applications for **Laureates** should include :

- an application letter;
- a letter indicating institutional or organisational affiliation;
- a curriculum vitae ;
- a research proposal (two copies and not more than 10 pages), including a descriptive analysis of the work the applicant intends to undertake, an outline of the theoretical interest of the topic chosen by the applicant, and the relationship of the topic to the problematic and concerns of the theme of the 2007 Institute; and
- two reference letters from scholars and/or researchers known for their competence and expertise in the candidate's research area (geographic and disciplinary), including their names, addresses and telephone, e-mail, fax numbers.

An independent committee composed of outstanding African social scientists will select the candidates to be admitted to the institute.

The **deadline** for the submission of applications is set for **15 September, 2007**. The Institute will be held in Dakar, Senegal in **November 2007**.

All applications or requests for further information should be addressed to:

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