

PROGRAM POINT SUD 2017

Funding: German Research Foundation (DFG)
Point Sud, centre for research on local knowledge



Call for papers

Title of the workshop: *The promises of the biomedicine in Africa.
Court of the past promises, tribune for the future promises?*

Lambaréné (Gabon), 19 th July – 26 th July 2017

The development of contemporary medicine, or biomedicine, is closely associated with the imperative of technological innovation and scientific progress, which are considered the only way to get a better and longer life. This imperative is the key in the expansion of the health market, by adopting a very evocative rhetoric based on promises. This workshop aims to understand the role that promises of biomedicine play in Africa not only through the history of this continent but also through the innovations which are taking place nowadays.

In Africa, biomedicine is not new. During the colonial period, the promises of medical progress were presented as one of the positive effects of the occupation and invasion by European countries. Projects of eradication of infectious diseases have taken place since the rise of microbiology at the end of the 19th century. After the Second World War, they have been orchestrated by the WHO, and culminated until the writing of the Objectives of the Millennium for Development (OMD) in 2000.

What about biomedical innovations and promises nowadays? Concerning the domain of infectious diseases, for example, the introduction of a wide set of techniques, including genetic sequencing of viruses, and the availability of new vaccines, is changing the pace of biomedicine and, at the same time, have generated collaborative efforts among routine, research and industry, which is particularly evident in the case of translational medicine. Which collaborations have been taking place in Africa? The demographic transition of a number of African countries open up new fields of intervention, such as the prevention and the treatment of cardiovascular and rheumatic chronic illnesses, degenerative and inflammatory, reproductive disorders. Finally, Africa is considered an underexplored territory rich in biodiversity, which is remarkably promising for genomics.

In the African context, the answers to these questions may vary a lot, depending on the social context (urban *versus* rural), the political situation of the country (stability *vs* instability), the commitment of a country to active health politics, and so forth. The critical assessment of current promises in the light of past promises amounts not only to taking stock of a certain modernity, but also to put modernity *on trial*

For a long time biomedicine interventions in Africa focused on public health initiatives, such as the campaign of screening, vaccination and, to a certain extent, collective treatments aiming at the regression of big endemics. These mass campaigns were the central points of the health agenda elaborated by the developing countries, on the occasion of the Conference of Ata Alma in 1978.

The situation changed in the last years, when many cutting-edge technologies have been introduced very quickly in the most important cities of Africa. Diagnostic techniques by imagery, such as RMI and ultrasound, provide a good example. The enthusiasm and trust in these innovations are so strong that in some cases it has led to neglect of traditional practices of clinical observation. This evolution also concerns an ambivalent reorganization of healthcare professions: on the one hand, the professions are increasingly diversified, and on the other new professional figures are emerging, even if they are not easily recognized as such. The situation of the radiologists who are always considered as general practitioners in most countries is a perfect illustration of it. These technological innovations also encouraged a shift from a collective paradigm – according to the motto "health for all" – to a personalized paradigm based on tailored diagnostics and prevention, as announced by the initiative of Bamako of 1988.

With the digital revolution, communication and information technologies contributing to nourish the promise of universal access to health techniques and products: the development of network infrastructures of communication provide the opportunity to develop the use of connected devices, new programs of education education/training of professionals and patients, and, finally, the treatment and follow-up of patients. But to what extent is this promise fulfilled?

Promises of progress associated with the advancement of biotechnologies contrast with the increasing number of sanitary crises (i.e. bird flu, SRAS, Ebola virus epidemic, Zika...) which are now part and parcel of contemporary societies. In this regard, Ebola virus epidemic is a good example. On the one hand, people distrust traditional measures such as quarantine and have greater expectations of more advanced solutions, such as serums and vaccines. On the other, they also discovered the limits of biomedicine, in particular the inability to answer non-medical demands of those people who have some issues in reintegrating society after having been infected. This situation is not isolated.

In this complex context, a new medical pluralism is emerging. The so-called *local medicines* and other non-Western medical traditions are being tapped into with an increasing success. Practiced for a long period of time, Chinese medicine is now deemed an efficient, scientific and also cheap alternative to Western medicine, especially for those parts of the population who do not have access to official healthcare service.

This workshop proposes to look at questions concerning the complexity and multiple dimensions of the biomedicine in the African countries. In accordance with the standpoint the Program Point Sud, the object of the meeting is not to gather not only researchers specialized in African cultures, but also specialists of the issues presented in general. The aim is the construction of a real research program around the questions raised by the promises of biomedicine in Africa, and more specifically it will address the four following axes.

1. The processes of medicalization in Africa
2. The interaction between the clinic and the medical research in Africa. The place of the peak research centers.
3. The modes of training of the medical professions in a context of constants mutations
4. The demonstrations of the promises of biomedicine, their consequences and their limits

The proposal, either in French or in English, should include an abstract, which should not exceed 400 words, and a short CV of about one-half page, and should be sent by 27th March to the following email addresses:

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The results of the selection of the papers will be communicated on 12th April 2017.

Important: all the papers selected should be sent by 15th June 2017 (event in provisional version).

The workshop will be English and French, and there will be not translation service available.

Promoters:

- **Lucia Candelise** (Université de Genève)
- **Martina Drescher**, (Université de Bayreuth)
- **Augustin Emame** (Université de Nantes/UMR CNRS 6297/Point Sud Bamako)
- **Marina Maestrutti** (Université Paris 1 Panthéon Sorbonne/CETCOPRA),
- **Ghyslain Mombo Ngoma**, Medical doctor, Medical Research Centre of Lambaréné at the Albert Schweitzer Hospital ; Project Leader at Institute of Tropical Medicine of the University of Tübingen
- **Anne-Marie Moulin**, (UMR 7219/ CNRS, Universités Paris Diderot et Paris 1 Panthéon-Sorbonne ; Associated Profesor at Université Senghor d'Alexandrie, Egypt),