



Decolonizing Knowledge Production and Utilization

Perverse effects of global health policies and perpetuating health inequities in sub-Saharan Africa

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Background and Methods

- Historical roots and factors explaining the perpetuation of health inequalities in Africa (Prof. Bump's research projects in Africa)
- Policy and discourse analysis, interviews and exploitation of archives
- 15 African countries studied (*Burkina Faso, Burundi, Cameroun, Gabon, Ghana, Madagascar, Mali, Ouganda, Democratic Republic of Congo, Rwanda, Senegal, Cote d'Ivoire, Ethiopia, Sierra Leone, Gambia*)
- Documents analyzed:
 - Poverty Reduction Strategies Papers (World Bank, 1990)
 - Millennium Development Goals (MDGs) related to health (Goals 4, 5 and 6)
 - The Sustainable Development Goals (SDGs) related to health (Goal 3)
 - African National Health Policies Plans

Discussed topic

- **The implementation of global health policies in sub-Saharan Africa perpetuates health inequities.**
 - . International health programs: same health priorities in all African countries, even though the health needs may be different.
 - Focusing international resources and knowledge production by partners and donors on the health priorities set by global health policy (**MDGs, SDGs, PPPs,**).
 - Some diseases and health issues generate more global financial resources and transactions, pharmaceutical industry involvement and profits than others (**Maternal and child health; HIV/AIDS...**)



Perverse effects of global health policies on national health systems

- **Less attention to the real national health needs, as reflected in the national health policy plans**
 - Prevention Health Policy
 - Effective health system with resilient structures
 - Qualified human resources
 - Health infrastructures
 - Focus on health needs of local populations
- **Voluntary alignment of national health priorities with donor-driven programs**
 - Illustration with the cases of Gambia and Senegal