



Introduction

Health Governance in Africa: Taking Stock

Blé Marcel Yoro* and Ellen E. Foley**

The theme of this issue, *Public Health Governance in Africa*, is within the framework of CODESRIA's Governance Programme. It was the subject of an international conference held in Dakar, 19–20 November 2015. The French articles focus on research carried out in eight African countries, namely Senegal, Benin, Côte d'Ivoire, Cameroon, Morocco, Algeria, Tunisia and Chad. The English articles address various topics in Ghana, Kenya, Mozambique, Nigeria, Rwanda and South Africa. Two articles deal with issues generally pertaining to the continent: they are the gendered dimension of epidemics and the challenges in ensuring access to medicines in the post-Doha period. The theme proved to be cross-cutting, which enabled the participants to address various topics. This diversity is presented in the special issue. This scientific meeting was attended by over a dozen scholars who presented their research findings. Among these papers, ten were selected – five in French and five in English – after our evaluation process, for publication. Through these papers, it should be noted that the theme of health governance is addressed by authors from various academic disciplines: anthropology, sociology, history, law, economics, political science, feminist and gender studies.

By reading this issue, one will be able to see the quality of the contributions which are of great scientific significance. The articles present various facets of public health governance related to the specificities of the countries concerned. The articles address the issues of public health governance from many perspectives and at different scales. Some offer a detailed analysis of public health and its challenges in a specific country, while others examine the broader challenges facing the continent as a whole, ranging from access to medicines to health insurance, to the various gender dimensions of health issues.

* Université Félix Houphouët-Boigny Abidjan, Côte d'Ivoire Email: yoroble94@yahoo.fr

** International Development, Community and Environment (IDCE), Clark University, USA.
Email: efoley@clarku.edu

Methodologically, the authors have mobilised several data collection tools, among which are semi-structured interviews, direct or participatory observations, questionnaires, etc. For data analysis purposes, various methods were also applied, including the interpretative, comprehensive, systemic approaches, etc.

The papers can be broadly grouped into three parts: community governance of health, comprising two articles; state governance of health, comprising five articles; and public health governance in the face of health and gender inequalities, comprising three articles.

The first section opens with an article by Sara Ndiaye dealing with medical care for the poor who are insured by mutual health organisations in Senegal. The author analyzes the mutualist approach in the management of diseases affecting the poor, and shows the importance of this experience for universal health coverage. She stresses, however, that the innovations developed by community mutual health organisations are little capitalised in public social protection policies. The next article, written by Roger Atchouta, addresses the mutualisation of community health in central Benin. The author analyses the underpinnings of mutual health organisations in a social dynamics context. He presents mutual health organisations as a collective response to cope with or find an alternative solutions to inequalities in the face of illness, and to facilitate solidarity and community-based mutualisation in preventive healthcare. Furthermore, he questions the role of mutual organisations in promoting community health and how they can lead to reforms that can be capitalised by the health system as a whole.

The second part addresses state governance of health and begins with an analysis by Leah Kimathi of the decentralisation of the health sector in Kenya. Her article provides a case study of the challenges in achieving good governance and a robust healthcare system in the era of decentralisation, a trend in most sub-Saharan African countries. She shows that Kenya, despite good intentions, continues to face a critical lack of infrastructures and legal and institutional mechanisms that generate a stagnation of the care system and the decline in some health indicators.

The next article is by Nyane Bienvenue Germaine. She takes a diachronic look at how school health is managed by the state of Cameroon and its development partners, using the example of the town of Maroua from 1958 to 2008. The author looks at the evolution of the system of state governance of school health brings to light several findings made over the years. Thus, the period 1958-1987 is described as that of a welfare State, characterised by state management of learners health, whereas from 1987, the state's withdrawal, in a context of disease recrudescence, led to the entry

on the scene of non-governmental organisations (NGOs) taking over from the state in school health management.

In the third article in this section, Maria Jurua explores a key dimension of public health governance in the twenty-first Century: access to medicines. As the Doha Declaration has significantly increased access to those medicines in developing countries, Jurua examines the resulting new challenges. In particular, she points out the need to develop research on medicines for tropical diseases and protection mechanisms against abusive implementation of TRIPS (Trade-related aspects of intellectual property rights).

The next article is by Badr Dehbi; it deals with state governance of health in North Africa, particularly in Morocco, Algeria and Tunisia. The author shows that the three health systems were faced with four main attributes of good governance, namely identification of needs and priorities, production of care and services, health financing and last, general administration. The last article in this section, by Ebenezer Olugbenga, highlights a critical public health challenge in regard to health insurance. Given the important financial barriers in access to healthcare in most African countries, increasing involvement in health insurance programmes is a central objective. Olugbenga makes a comparative analysis of four different types of health insurance. His article proposes relevant recommendations for more effective policies, while insisting, however, on the fact that health insurance should be adapted to the socio-cultural, economic and political context of each country.

The last section provides an analysis of the challenges in public health governance in the face of persistent social inequalities, particularly those relating to gender. The first article in this section, written by Moïse Tamekem Ngoutsop, deals with institutional support to young girls who are the victims of rape and incest in Cameroon. It brings to the fore the governance options developed by the state to face this problem which has now become a public health issue, in view of the magnitude of the phenomenon in Cameroon. The second article in this section, by Ravayi Marindo, provides a feminist analysis to explore the gendered dimension of epidemics in sub-Saharan Africa. Marindo uses the examples of HIV/AIDS and the Ebola epidemic to explore how the different kinds of power make women and girls more vulnerable to diseases than men. She invites us to rethink the governance of public health, taking into account gender as a basis of health inequalities. Last, Carla Braga examines how care for HIV/AIDS patients in Mozambique strengthens and exacerbates class and education inequalities by generating stigma. Her analysis shows the particularity of biases that reduces patients' access to medical care and increases non-adherence to HIV/AIDS treatment.

This thematic issue achieved its objectives, in the light of the diversity and richness of the contributions on health governance. Community governance and state governance of health are seen as complementary or joint measures in the management of the populations' health. Even though the crisis in African health systems often leads to practices that carry health risks, community initiatives as described in some countries appear to be a promising alternative. The introduction of universal healthcare coverage, which is increasingly advocated by African governments is also an initiative that must be supported by development partners. This special issue of *Africa Development* on "Public Health Governance in Africa" provides, therefore, potential solutions to public health issues in Africa.