



CODESRIA

Council for the Development of Social Science Research in Africa
Conseil pour le développement de la recherche en sciences sociales en Afrique
Conselho para o Desenvolvimento da Pesquisa em Ciências Sociais em África

Training, Grants and Fellowships Programme
Programme Formation, bourses et subventions

GENDER INSTITUTE / INSTITUT SUR LE GENRE

**Gender, Diseases and Public Health
Governance in Africa**

**Genre, maladies et gouvernance de la santé
publique en Afrique**

Bibliography / Bibliographie

CODESRIA,

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<http://twitter.com/codesria>

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2016

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INTRODUCTION

Every year since 1994, the Council for the Development of Social Science Research in Africa (CODESRIA) has organized a Gender Institute which brings together between 12 and 15 researchers for two (2) weeks of concentrated debate, experience-sharing and knowledge-building. Initially aimed at promoting widespread awareness of the concept of gender and its related issues, the institute has subsequently been organized around specific themes designed to strengthen the integration of gender analysis into social science research in Africa and encourage the emergence of a community of researchers versed in the field of gender studies.

For the 2016 edition, CODESRIA has chosen the theme: **“Gender, Diseases and Public Health Governance in Africa”**. The re-emergence of a more virulent strain of the Ebola Haemorrhagic Fever (EHF) in West Africa in 2014 has brought to light some key issues of public health governance in Africa. One such issue is the gendered nature of epidemic-prone infectious diseases in Africa. Current epidemiological statistics on Ebola indicate that though the initial cases were predominantly male, the disease is slowly becoming a female epidemic in the affected countries in Africa. This gendered pattern of female vulnerability to disease in its progression and as it progresses in the population, mirrors that of the HIV/AIDS pandemic which started globally as a male disease and metamorphosed in Africa to become a major female pandemic. In the high HIV prevalence countries of Southern Africa, HIV infection rates among 15-19 year old females are sometimes five times higher compared to males in the same age groups.

In this framework, the CODESRIA Documentation, Information and Communication Centre (CODICE) has compiled this bibliography. Various sources of bibliographic data have been used among which the CODESRIA data bases.

The bibliography is in two sections; the first section lists the documents in hard copy and the second, the documents in electronic format. Classified alphabetically by author, the selected references are either in French or in English.

The Call for application for the Gender Institute is in the annex of this bibliography.

We hope that this bibliography will be useful, and suggestions for its improvement are welcome.

Have a fruitful Institute.

Le CODESRIA organise, depuis 1994, un institut sur le genre qui réunit, entre 12 et 15 chercheurs pendant deux (2) semaines de débats intenses, de partage d'expériences et de construction de savoir. Visant à ses débuts la promotion d'une conscience généralisée du genre dans la communauté de recherche en sciences sociales, l'institut a par la suite été organisé autour de thèmes spécifiques destinés à renforcer l'intégration de l'analyse de genre dans la recherche en sciences sociales en Afrique et à favoriser l'émergence d'une communauté de chercheurs dans le domaine des études sur le genre.

Pour l'édition 2016, le CODESRIA a retenu la thématique : **« Genre, maladies et gouvernance de la santé publique en Afrique »**. La résurgence, en Afrique de l'Ouest, en 2014, d'une souche plus virulente de la fièvre hémorragique à virus Ebola a mis en évidence certaines des principales questions qui touchent à la gouvernance de la santé publique en Afrique. L'une de ces questions se rapporte à la nature sexospécifique des maladies épidémiques en Afrique. En effet, il ressort des statistiques épidémiologiques actuelles relatives à Ebola que, même si les premiers cas concernaient essentiellement des hommes, la maladie revêt progressivement un visage féminin dans les pays d'Afrique touchés par cette affection. Cette nature sexospécifique de la vulnérabilité féminine à la maladie au fur et à mesure de sa progression et de sa maturation dans la population est comparable à celle de la pandémie du VIH/SIDA qui, ayant commencé dans le monde comme une maladie spécifiquement masculine, s'est ensuite transformée en pandémie essentiellement féminine. Dans les pays d'Afrique australe à forte prévalence du VIH, les taux d'infection par le VIH sont parfois 5 fois plus élevés chez les femmes de 15 à 19 ans que chez les hommes de la même tranche d'âge...

Dans cette perspective, le centre de documentation, d'information et de communication du CODESRIA (CODICE) a élaboré cette bibliographie. Différentes sources d'information bibliographique ont été utilisées parmi lesquelles les bases de données du CODESRIA.

Cette bibliographie est divisée en deux parties, une première partie regroupant les documents en format papier et une deuxième réunissant les documents en format électronique. Les références sélectionnées sont classées alphabétiquement par auteur et sont soit en anglais soit en français.

L'appel à contributions lancé pour les besoins de l'institut sur le genre est annexé à la bibliographie.

Nous espérons que cette bibliographie vous sera utile et le CODICE est à l'écoute de toutes suggestions permettant son éventuel enrichissement.

Bon institut.

CODESRIA Documentation and Information Centre
Centre de documentation et d'information du CODESRIA (CODICE)

PART I / 1ère PARTIE

DOCUMENTS IN HARD COPY

DOCUMENTS PAPIERS

I – Documents in Hard Copy / Documents papiers

1. ADEWUYI, Samuel Adetunji

Utilization of Health Facilities in the Rural Areas of Nigeria: a Case Study of Akinyele Local Government Area of Oyo State

Ibadan: Ibadan University of Ibadan, 1989. – 172 p.

Thesis Master of Philosophy University of Ibadan, Department of Sociology

Subject(s): *Health Services --Rural Areas --Hospitals --Traditional Medicine --Health Facilities --Respiratory Diseases --Living Conditions --Household --Nigeria --Oyo State*

Call N°: 02.05.02/ADE/2681

2. AHLBERG, Beth Maina

Women, Sexuality and the Changing Social Order: the Impact of Government Policies on Reproductive Behavior in Kenya

Philadelphia: Gordon and Breach, 1991. -xiv-274 p.

Subject(s): *Women --Social Conditions --Reproductive Health -- Social Organization Family Planning --Aids --HIV --Sexuality --Sexual Behaviour --Government Policy --Birth Control -- Africa--Kenya -- Kikuyu*

Call N°: 14.02.03/AHL/12206

3. ATCHADE, Félix

Radioscopie d'un système de santé africain: le Sénégal

Paris: L'Harmattan, 2013. - 242 p.

(Études africaines)

ISBN 978-2-343-00269-9

New Acquisition

4. AUDIBERT, Martine ; KONDE, Dominique, dir.

Le développement sanitaire en Afrique francophone : enjeux et perspectives post-2015

Paris: L'Harmattan, 2015. - 308 p.

(Études africaines, Série Santé)

ISBN 978-2-343-05544-2

New Acquisition

5. BARRET, Jackie

Multiple Sclerosis: The Experience of a Disease

Women's Studies International Forum, Vol. 18, N° 2, 1995, p. 159-171

Subject(s): *Women --Diseases --Social Implications --Anthropology --Social Values*

6. BENINGUISSE, Gervais ; KALAMBAYI, Banza Barthélémy; BINGOLY-LIWORD, Germain, eds

Santé de la reproduction, genre et droits des enfants au Congo: enjeux et défis. Une analyse approfondie des données de l'EDSC-I-2005

Louvain-la-Neuve : Academia, 2012. – 343 p.

ISBN 978-2-87209-992-4

New Acquisition

Gender, Diseases and Public Health Governance in Africa

7. BRUNET-JAILLY, Joseph

La politique publique en matière de santé dans les faits en Afrique de l'ouest francophone
Afrique contemporaine, N° 195, 2000, p. 191-203

Subject(s): *Sante Publique --Intervention de l'Etat --Soins de Santé Primaires --Politique Sanitaire --
Afrique de l'Ouest*

8. CHIRAMBO, Kondwani

The Political Cost of Aids in Africa: Evidence from Six Countries
Pretoria: IDASA, 2007.- xiii-401p.
ISBN: 9781920118655

Subject(s): *Aids --Electoral Systems --Political Parties --Parliament --Case Studies --HIV --Political Aspects --Costs --
Governance -- Democratic Governance--Africa--Senegal --Zambia --Tanzania --South Africa --Namibia --Malawi --
Call N°: 15.04.02/CHI/14137*

9. CORREA, Carlos ; VELASQUEZ, Germain, dir.

Comment préserver l'accès aux médicaments. Innovation pharmaceutique et santé publique
Paris : L'Harmattan, 2010. – 184 p.
ISBN : 978-2-296-13262-7

New Acquisition

10. DIBAKANA MOUANDE, Jean-Aimé

L'état face à la santé de la reproduction en Afrique noire : l'exemple du Congo-Brazzaville
Paris: L'Harmattan, 2003. – 338 p.

(Etudes africaines)

ISBN: 978-2-7475-5835-5

New Acquisition

11. EDGAR, Timothy; NOAR, Seth M.; FREIMUTH, Vicki S.,ed.

Communication Perspectives on HIV/AIDS for the 21st Century EDGAR, Timothy
London: Lawrence Erlbaum Associates, 2007. - xxix- 477 p.

ISBN: 080585827X

Subject (s): *AIDS --AIDS Prevention --Children --HIV --Mass Media --Health Education --Stigmatization
Call N°: 15.04.02/EDG/14709*

12. ELIAS, Christopher

Sexually Transmitted Diseases and the Reproductive Health of Women in Developing Countries
New York: The Population Council, 1991. – 54 p.

Subject(s): *Sexually Transmitted Diseases --Developing Countries --Maternal And Child Health --AIDS --Family
Planning --Programmes*

Codesria Library Main Library: (15.04.02/ELI/4733)

13. ESSEX, Max; MBOUP, Souleymane; KANKI, Phyllis J.; MARLINK, Richard G. ; TLOU, Sheila D., ed.

Aids in Africa

New York: Kluwer Academic, 2002. - xx-724 p.

ISBN: 0306466996

Subject(s): *Aids --Aid Prevention --Vaccines --Ethics --HIV --Infectious diseases --Epidemiology --Paediatrics--HIV
infection--Africa*

Call N°: 15.04.02/ESS/12696

14. FASSIN, Didier

Les Enjeux Politiques de la Santé : études sénégalaises, équatoriennes et françaises
Paris: Editions Karthala, 2000. – 344 p.
ISBN: 2845860013

Subject(s) : Santé --Nationalité --Sida --Problèmes politiques --Gouvernement --Santé Publique --Démocratie -- Enjeux Politiques--France --Equateur --Sénégal
Call N°: 15.04.01/FAS/12741

15. FELDMAN, Douglas A.

Aids, Culture, and Africa
Gainesville: University Press of Florida, 2008. - xiv-293 p.

Subject(s) : Aids --Condoms --Circumcision --Sexual Behaviour --Aids Prevention --HIV --Research --Culture -- Anthropology – HIV Transmission--Africa--Uganda --Namibia --Zambia --Cote d'Ivoire --Rwanda
Call N°: 15.04.02/FEL/14651

16. FOURIE, Pieter

The Political Management of HIV and Aids in South Africa: one burden too many ?
Hampshire: Palgrave Macmillan, 2006. - xix-240 p.

Subject(s): Aids --Policy Making --HIV --Government Policy --Biomedical Research --Apartheid -- Political Management--South Africa
Call N°: 15.04.02/FOU/14332

17. FOURNIER, Pierre; HADDAD, Slim; RIDDE, Valéry

Santé maternelle et accès aux soins en Afrique de l'Ouest. Contributions de jeunes chercheurs
Paris : L'Harmattan, 2013. – 298 p.
(Etudes africaines)
ISBN : 978-2-343-01586-6
New Acquisition

18. GRENIER-TORRES, Chrystelle

Expériences de femmes ivoiriennes au cœur de l'épidémie de sida
Paris : L'Harmattan, 2009. – 314 p.
(Etudes africaines)
ISBN : 978-2-296-07869-7
New Acquisition

19. HAMON-VALANCHON, Hélène

Femmes et cancer. Récits de maladie
Paris : L'Harmattan, 2010. – 234 p.
(La Librairie des Humanités)
ISBN : 978-2-296-11915-4
New Acquisition

20. HEIN, Wolfgang; BARTSCH, Sonja; KOHLMORGEN, Lars, ed.

Global Health Governance and the Fight against HIV/AIDS
Hampshire: Palgrave Macmillan, 2007. - XXIII-282 p.
ISBN: 9780230517271

Gender, Diseases and Public Health Governance in Africa

Subject(s) : *Aids --Aids Prevention --Pharmaceutical Industry --International Organizations --WHO --World Bank --WTC --HIV --Public Health --Poverty --Civil Society -- Health Governance --Global Health—Brazil--South Africa*
Call N°: 15.04.02/HEI/14333

21. HIV/AIDS in Africa: Steps to Prevention: Hearing before the Subcommittee on Africa of the Committee on International Relations House of Representatives, one Hundred Sixth Congress, Second Session, September 27, 2000

Washington: U.S. Government Printing Office, 2000. - iii-65 p.

Subject(s): *Aids --HIV --Aids prevention --Africa*
Call N°: 15.04.02/COM/12693

22. HOPE, Kempe Ronald

Aids and Development in Africa: A Social Science Perspective
New York: the Haworth Press, 1999. - XVI-224 p.

Subject(s): *Aids --Epidemics --Women's Status --Women's Health --Sexual Abuse --Orphans --Media --Sexual Behaviour --Peer Teaching --Law --Social Aspects --Social Sciences --HIV --Social Development – Aids Pandemic--Africa--Zambia --Lesotho –Malawi --South Africa --Zimbabwe --Swaziland --Botswana*
Call N°: 15.04.02/HOP/12699

23. KAMGA, Larissa Kojoué

Politiques publiques et orphelins du sida : la prise en charge confrontée à la multisectorialité
Bordeaux : Université de Bordeaux, 2009. – 127 p.
Mémoire Master Université de Bordeaux, Institut d'Etudes Politiques de Bordeaux, Sciences politiques, sociologie du politique et de l'action publique

Subject(s): *Sida --Enfants --Orphelins --Protection de l'enfance --Politique gouvernementale –Afrique-- Cameroun*
Call N°: 15.04.02/KAM/14575

24. KENNEDY, Alatinga A.

Determinants of Participation in Mutual Health Insurance: a Case Study of the Kassena-Nankana Mutual Health Insurance Scheme in Ghana
Bellville: University of Western Cape, 2010. - x-91 p.
Thesis Master University of the Western Cape, Faculty of Economic Management Sciences, School of Government

Subject(s): *Health Insurance --Insurance Companies --Health Financing --Community Participation --Access To Health Care --Health Services --Ghana*
Call N°: 02.03.02/KEN/15770

25. KOUASSI, Bernard

Pauvreté des ménages et accès aux soins de santé en Afrique de l'Ouest : Burkina Faso, Côte d'Ivoire, Ghana, Mali et Togo
Paris : Karthala, 2008. – 285 p.
(Economie et développement)
ISBN: 978-2-84586-969-1
New Acquisition

26. KOUYATE, Mohamed D.

L'hôpital public dans le système sanitaire ivoirien
Paris: L'Harmattan, 2012. - 332 p.
New Acquisition

27. KUNDA, Lengwe John-Eudes

'They have ears but they cannot hear'. Listening and Talking as HIV Prevention: a New Approach to HIV and AIDS Campaigns at three of the Universities in KwaZulu Natal

Durban: University of KwaZulu-Natal, 2009. - 354 p.

Thesis Doctor of Philosophy University of KwaZulu-Natal, Faculty of Humanities, Development and Social Sciences

Subject(s): *Aids Prevention --Sexual Behaviour --Condoms --Ethnography --HIV --Aids --Sexuality --Language --Abstinence --Sexual Health--Southern Africa--South Africa*

Call N°: 15.04.04/KUN/14957

28. LEE, Kelley

Health Impacts of Globalization: towards Global Governance

New York: Palgrave Macmillan, 2003. - xxi-241 p.

Subject(s): *Health --Cholera --Health Policy --WTO --Trade Policy --Medicinal Drugs --GATT --Globalization --AIDS --Tobacco --Nutrition -- health aspects --world health --global governance --access to drugs-- Africa South of Sahara*

Call N°: 15.04.01/LEE/13048

29. McINTOSH, Malcolm; HUNTER, Alan, ed.

New perspectives on human security

Saltaire: Greenleaf Publishing, 2010. – xvii-2070 p.

ISBN:9781906093419

Subject(s): *Social Security --Health --Governance --Environment --Resources Management --Peace --Economic Development --Police --Human Security--Global Governance*

Call N°: 02.03.01/MCI/16249

30. MEMEL-FOTE, Harris, dir.

Les représentations de la santé et de la maladie chez les Ivoiriens

Paris: L'Harmattan, 1998. – 209 p.

(Sociétés africaines et diaspora)

ISBN : 2-7384-6494-7

New Acquisition

31. MULIN DI, Sobbie A. Z.

Strategies for HIV Infection Prevention in a Developing Country : Case Example of Kenya

Scandinavian Journal of Development Alternatives, Vol. XI, N° 1, 1992, p. 53-62

Subject(s): *AIDS -- HIV--Infectious Diseases --Prophylaxis --Sexual Transmitted Diseases --Developing Countries --Kenya*

32. MUTUA, M. Ernest

HIV Risk Perception and Sexual Behaviour among STI Patients attending Uasin Gishu district Hospital, Eldoret-Kenya

Eldoret: Moi University, 2009. - xii-47 p.

Thesis Masters Moi University, School of Public Health

Subject(s): *HIV --Condoms --Aids Prevention --Aids --Sexual Behaviour --Sexually Transmitted Diseases --Patients --Risk Perception--Kenya*

Call N°: 15.01.02/MUT/14660

33. MWANSA, Lengwe-Katembula

Rural-Urban Health Care Service Imbalances in Zambia: Forces and Outcomes
Journal of Social Development in Africa, Vol. 4, N° 1, 1989, p. 69-83

Abstract: The central argument of this paper is that health care delivery systems, like any other social institution, are shaped by various forces relating to their respective societal context. Essentially, therefore, imbalances can be explained through historical, cultural, social, economic and political forces. In this paper only historical circumstances, prevailing ideology, power and income distribution are considered. These forces vary from country to country in terms of their nature and impact on the health care system. The discussion assumes that rural-urban disparities in the modern health care services in Zambia occur as a logical outcome of a historical process in relation to the forces referred to. A consideration of the introduction of allopathic medicine in Zambia by missionaries, and the impact of the mining industry and the government on the distribution of health care services, is, therefore, of critical importance.

34. NGUEMEN, Florence

Acceptabilité du condom féminin chez les personnes sexuellement actives à Yaoundé
Yaoundé : Université de Yaoundé I, 2001. - iii-86 p.
Mémoire Maîtrise Université de Yaoundé I, Faculté des arts, lettres et sciences humaines, Département de sociologie.

Subject(s): *Population --Condoms --Women --Preservatifs --Femmes -- Preservatifs Feminins--Cameroun --Yaounde*
Call N°: 14.05.02/NGU/13129

35. NKOUM, Benjamin Alexandre, dir.

Santé plurielle en Afrique. Perspective pluridisciplinaire
Paris: L'Harmattan, 2011. – 372 p.
ISBN : 978-2-296-54140-5
New Acquisition

36. OLIVIER DE SARDAN, Jean-Pierre ; RIDDE, Valéry, dir.

Une politique publique de santé et ses contradictions : la gratuité des soins au Burkina Faso, au Mali et au Niger
Paris : Karthala, 2014. - 472 p.
(Hommes et sociétés)
ISBN 978-2-8111-1222-6
New Acquisition

37. OPOLOT, Samson Jamen

Building Healthy Cities: improving the Health of Urban Migrants and the Urban Poor in Africa.
Washington: Woodrow Wilson International Center for Scholars, 2002. - ix-140 p.

Subject(s): *Health Services --Access To Health Care --Urbanization --Public Health --Health System --Towns -- Maternal And Child Health --Health Facilities -- Urban Migrants --Urban Poor --Urban Health --Urban Governance-- Africa--South Africa -- Kenya -- Uganda -- Tanzania -- East Africa*
Call N°: 02.05.02/OPO/12906

38. OWOH, Kenna

Fragmenting Health Care: The World Bank Prescription for Africa
Alternatives: Social Transformation and Humane Governance, Vol. 21, N° 2, 1996, p. 211-235

Subject(s): *Health Services --Sustainable Development --Public Health --World Bank --Structural Adjustment --Africa- - Ghana --Nigeria*

39. OYEKANMI, Felicia Durojaiye

Women's Attitude towards Sexually Transmitted Disease in Nigeria: a Case Study in Ilesa in Osun State

Afrique et Développement/Africa Development, Vol. XIX, N° 2, 1994, p. 147-165

Subject(s): *Sexually Transmitted Diseases --Women --Social Behaviour --Surveys -- Nigeria --Osun State--Ilesa*

40. POKU, Nana K.; WHITESIDE, Alan, ed.

Global Health and Governance: HIV

New York: Palgrave Macmillan, 2004. - viii-203 p.

ISBN: 140392063x

Subject(s): *Public Health --Trade Policy --Poverty --Aids --Hiv --Globalization --Medicinal Drugs --Health Governance --Global Health--Africa--China --Zambia --*

Call N°: 15.04.01/POK/13050

41. REID, Elizabeth

Young Women and the HIV Epidemic

Development : Journal of SID, N° 1, 1990, p. 16-19

Subject(s) : *Women --Sexuality --Pregnancy --Immunologic Diseases --Infections Diseases --Viruses --Poverty --AIDS -Prevention --Gender --Femininity --Masculinity --Civil Unrest --HIV Viruses --Young Women --Homelessness --Social And Geographical Mobility-- Sub Saharan Africa--Gambia --Zimbabwe --Gabon --Guinea*

42. RIDDE, Valéry; JACOB, Jean-Pierre, dir.

Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels

Paris: L'Harmattan, 2013. - 474 p.

(Academia, Investigations d'anthropologie prospective ; 6)

ISBN 978-2-8061-0116-7

New Acquisition

43. SAMA, Martyn; NGUYEN, Vinh-Kim, ed.

Governing Health Systems in Africa

Dakar: CODESRIA, 2008. - viii-273 p.

ISBN 2869781822

Subject(s): *Health System --Health Expenditure --HIV --Aids --Chronic Diseases --Women's Health --Traditional Medicine --Governance --Primary Health Care --Hospital Management --Health Policy--Africa--Congo --Algeria -- Senegal -- Cameroon -- Kenya -- Nigeria --North Africa --Maghreb --*

Call N°: 02.05.02/SAM/14384

44. SECKINELGIN, Hakan

International Politics of HIV/AIDS: Global Disease, Local Pain

London: Routledge, 2007. - xi-193 p.

ISBN: 9780415413848

Subject(s): *Aids --HIV --International Politics --Epidemics --Governance --Africa South Of Sahara*

Call N°: 15.04.02/SEC/14619

45. THOMAS, Duncan; MALUCCIO, John

Contraceptive Choice, Fertility and Public Policy in Zimbabwe

Washington: the World Bank, 1995. - xi-43 p.

ISBN: 0821330187

Gender, Diseases and Public Health Governance in Africa

Subject(s) : *Contraceptives --Education Of Women --Household Income --Birth Control --Fertility --Government Policy --Family Planning --Health Services-- Contraceptives Use--Zimbabwe*
Call N°: 14.05.02/THO/8530

46. TIENDREBEOGO, Georges; BUYCKX, Michael

Faith-Based Organizations and HIV/AIDS Prevention and Impact Mitigation in Africa
Amsterdam: Royal Tropical Institute, 2004. - 63 p.
ISBN: 9068328476

Subject(s) : *Religious Institutions --Church --Islam --Ethics --HIV --Aids --Aids Prevention --Christianity -- Faith-Based Organizations--Africa*
Call N°: 05.04.04/TIE/15735

47. TOUMANION, Bakary

La santé des femmes et des enfants au Mali. Un enjeu de santé publique internationale
Paris : L'Harmattan, 2016. – 237 p.
ISBN : 978-2-343-08357-5
New Acquisition

48. VAN LERBERGHE, Wim ; BROUWERE, Vincent de

Etat de santé et santé de l'Etat en Afrique Subsaharienne
Afrique contemporaine, N° 195, 2000, p. 175-190

Subject(s) : *Médecine --Colonialisme --Maladies Tropicales --Indépendance --Soins de Santé Primaires -- Période Coloniale--Afrique de l'Ouest*

49. VOLBERDING, Paul A., SANDE, Merle A. -- LANGE, Joep M.A. -- GREENE, Warner C. -- GALLANT, Joel E. -- WALSH, Carrie Clark , ed.

Global HIV/Aids Medicine
Philadelphia: Saunders Elsevier, 2008. - xx-830 p.
ISBN: 9781416028826

Subject(s): *Aids --Economic Consequences --Social Implications --HIV --Medicine --Aids Prevention --Epidemiology -- Diseases Associated*
Call N°: 15.04.02/VOL/14338

50. WALT, Gill

Health Policy: an Introduction to Process and Power
Johannesburg: Witwatersrand University Press, 1994. - xiv-226 p.
ISBN: 1868142736

Subject(s): *Health Policy --WHO --Informantion Needs --Research --Evaluation --Political Systems --Policy Making -- Government Policy --Non-Governmental Organisations*
Call N°: 02.05.02/WAL/12750

51. YAYA, Sanni Hachimi, dir.

Le défi de l'équité et de l'accessibilité en santé dans le Tiers-Monde. Entre droit fondamental, justice sociale et logique marchande
Paris : L'Harmattan, 2009. – 376 p.
ISBN : 978-2-296-10311-5
New Acquisition

PART II / 2^{ème} PARTIE

ELECTRONIC DOCUMENTS

DOCUMENTS ÉLECTRONIQUES

II – Electronic Documents–Documents électroniques

1. ADJAMAGBO, Agnès ; GUILLAUME, Agnès

La santé de la reproduction en milieu rural ivoirien

Autrepart, N° 19, 2001, p. 11-27

Introduction : Au cours des vingt dernières années, la santé de la reproduction est devenue une des priorités des institutions internationales en matière de développement des pays du Sud. Dans le programme d'action de la Conférence internationale sur la population et le développement, tenue au Caire en septembre 1994, le terme de santé de la reproduction est défini comme « le bien-être général, tant physique que mental et social, de la personne humaine, pour tout ce qui concerne l'appareil génital, ses fonctions et son fonctionnement et non pas seulement l'absence de maladie ou d'infirmité » [Nations unies, 1997]. Une telle conception introduit un champ d'intervention très large, en même temps qu'elle s'adresse désormais à d'autres populations que le traditionnel couple mère-enfant, puisqu'elle inclut les adolescents, les hommes, les femmes ménopausées, les populations déplacées et réfugiées.

Cette définition met aussi l'accent sur le principe « du droit fondamental de tous les couples et les individus de décider librement et avec discernement du nombre de leurs enfants et de l'espacement de leurs naissances et de disposer des informations nécessaires pour ce faire, et du droit de tous d'accéder à la meilleure santé en matière de sexualité et de reproduction ». Ceci implique en d'autres termes que tous, hommes et femmes pris individuellement ou en couple, puissent disposer du même droit d'être informés, d'accéder à des services de santé et de faire un libre choix des recours qui s'offrent à eux. Ainsi, cette notion de santé de la reproduction nécessite un préalable majeur : celui d'une répartition équitable du pouvoir et des responsabilités entre les sexes, en particulier entre les conjoints au sein des unions. Cette nécessité est d'ailleurs exprimée dans les recommandations du Caire qui stipulent que « ces politiques et programmes favorisent l'établissement de relations de respect mutuel et d'équité entre les sexes ».

File : ADJAMAGBO_Agnès _La sante de la reproduction en milieu rural ivoirien.pdf

2. AILIO, Jaakko

Governing Sub-Saharan HIV/AIDS through Gender

Alternatives: Global, Local, Political, Vol. 36, N° 4, November 2011, p. 345-358

Abstract: Third World gender-issues have attracted much interest because of their perceived importance for the governance of Third World maladies hindering development and security. This enthusiasm has created many gender-based efforts to govern different Third World maladies. Despite the popular celebration of such efforts, they should be examined critically, for they function within specific limits. In this spirit, this article examines gender-based governance of sub-Saharan HIV/AIDS. It is often said that one of the most important ways of governing sub-Saharan HIV/AIDS involves attention to gender inequality as a key driver of HIV/AIDS. However, when contrasted with the vast literature that emphasizes the heterogeneity and dynamism of gender relations in Africa, it becomes clear that when sub-Saharan HIV/AIDS is addressed through gender it happens at the cost of simplifications that enable sub-Saharan HIV/AIDS to be made globally governable through gender, thereby securing liberalism.

Source: <http://www.jstor.org/stable/23210919>

File: AILIO_Jaakko_Governing Sub-Saharan HIV_AIDS.pdf

3. ANDERSON, Siwan; RAY, Debraj

Missing Women: Age and Disease

The Review of Economic Studies, Vol. 77, N° 4, October 2010, p. 1262-1300

Abstract: Relative to developed countries and some parts of the developing world, most notably sub-Saharan Africa, there are far fewer women than men in India and China. It has been argued that as many as a 100 million women could be missing. The possibility of gender bias at birth and the mistreatment of young girls are widely regarded as key explanations. We provide a decomposition of these missing women by age and cause of death. While we do not dispute the existence of severe gender bias at young ages, our computations yield some striking new findings: (1) the vast majority of missing women in India and a significant proportion of those in China are of adult age; (2) as a proportion of the total female population, the number of missing women is largest in sub-Saharan Africa, and the absolute numbers are comparable to those for India and China; (3) almost all the missing women stem from disease-by-disease comparisons and not from the changing composition of disease, as described by the epidemiological transition. Finally, using historical data, we argue that a comparable proportion of women was missing at the start of the 20th century in the United States, just as they are in India, China, and sub-Saharan Africa today.

Source: Stable URL: <http://www.jstor.org/stable/40836647>

File: ANDERSON_Siwan_Missing Women.pdf

4. ANTWI, Phyllis; BADASU, Delali; OPPONG, Christine, ed.

Gendered Family Dynamics and Health: African Family Studies in a Globalizing World: A Selection of Papers from a Seminar Organized by The Institute of African Studies and The School of Public Health, University of Ghana

File: ANTWI_Phyllis_Gendered Family Dynamics and Health.pdf

5. AZEMAR, Céline; DESBORDES, Rodolphe

Public Governance, Health and Foreign Direct Investment in Sub-Saharan Africa

Journal of African Economies, 2009, 43 p.

Abstract: Using 1985–2004 yearly panel data for 70 developing countries, including 28 from Sub-Saharan Africa (SSA), the paper finds that once market size is accounted for, SSA's foreign direct investment (FDI) deficit with other regions of the world is mainly explained by the insufficient provision of public goods: relatively low human capital accumulation, in terms of education and health in SSA. On the basis of additional cross-sectional data, the paper finds that in the absence of HIV and malaria, net FDI inflows in the median SSA country could have been one-third higher during 2000–2004, with slightly more than one-half of this deficit explained by malaria.

File: AZEMAR_Celine_Public Governance.pdf

6. CARON, Audrey

Ebola en Afrique de L'Ouest : l'impact des déterminants sociaux, septembre-2015

Abstract: For over a year, West Africa has encountered the most important epidemic of Ebola in its history. This essay presents the various social determinants of health that have had an impact on the extent of this crisis. Environment, culture, and health services are the predominant factors that influenced the development of this epidemic, causing thousands of deaths. These determinants have played a role in the trigger of this epidemic, the further transmission of the virus as well as its regional expansion. In fact, working on these factors has allowed improvements in building the capacity of these communities and in their life conditions, reducing social inequalities in health...

Résumé: Depuis plus d'un an, l'Afrique de l'Ouest fait face à la plus importante épidémie d'Ebola de son histoire. Cet essai présente les divers déterminants sociaux de la santé qui ont eu un impact sur l'ampleur de cette crise. L'environnement, la culture, et les services de santé sont les facteurs prédominants du développement de cette épidémie, qui a fait des milliers de morts. Ces déterminants ont joué un rôle tant dans le déclenchement de l'épidémie et la transmission du virus, que dans l'étendue de celle-ci. Depuis plusieurs années, il est admis que les déterminants sociaux sont des facteurs essentiels dans la prévention des problèmes de santé. En effet, travailler sur ces facteurs permet d'améliorer en amont les capacités des communautés et les conditions de vie des populations, ainsi que de réduire les inégalités sociales en santé...

Source: <http://hdl.handle.net/10393/34398>

File : CARON_Audrey_Ebola en Afrique de L'Ouest.pdf

7. AYAD, Mohamed; BARRERRE, Bernard

Présentation des enquêtes démographiques et de santé

Population (French Edition), Vol. 46, N° 4, Jul. - Aug., 1991, p. 964-975

Historique et objectifs : Le programme des enquêtes démographiques et de santé (EDS) constitue actuellement l'une des principales sources de données concernant la population et la santé à l'échelle internationale. Lancé en septembre 1984 en tant que prolongement de l'enquête mondiale sur la fécondité (EMF) et des enquêtes sur la prévalence de la contraception (EPC) exécutées respectivement de 1972 à 1984 et de 1977 à 1985, le projet EDS devrait s'achever en 1993. Sa réalisation est confiée à l'Institute for Resource Development (IRD) et son financement est assuré par l'Agence Américaine pour le Développement International (USAID). Le projet EDS qui est axé essentiellement sur la collecte et l'analyse des données sur la fécondité, la planification familiale, la mortalité des enfants et la santé maternelle et infantile, a quatre objectifs essentiels [3, 8] : * fournir aux pays participant au projet des données et des analyses ayant un impact sur les programmes de santé et de population; * développer une base de données internationales sur la santé et la population ; * développer de nouvelles méthodologies d'enquête; * développer, dans les pays participant au projet, les capacités et les ressources nationales nécessaires à la réalisation d'enquêtes démographiques et de santé de haut niveau.

Source: <http://www.jstor.org/stable/1533303>

File: AYAD_Mohamed_Enquetes demographiques.pdf

8. BAH, Aghi Auguste

Notes sur l'acceptabilité du préservatif féminin : étude auprès d'étudiantes et étudiants abidjanais =
Notes on the acceptability of female condom: a study among female and male students in Abidjan

Résumé : Dans ce travail basé sur des entretiens en profondeur avec des étudiants de l'Université de Cocody Abidjan, nous nous interrogeons sur l'acceptabilité du préservatif féminin en cherchant à comprendre les raisons avancées par ces étudiants pour l'acceptation ou le rejet de ce préservatif. L'article discute des conceptions de la sexualité et des enjeux de pouvoir qui s'y dessinent et qui sont susceptibles de constituer de véritables entraves à l'adoption et à l'usage du préservatif a fortiori lorsque celui-ci est innovant et qu'il laisse une marge de liberté à la femme. L'acceptabilité du préservatif féminin est plus liée aux relations de pouvoir inhérentes à la relation entre les partenaires sexuels qu'aux valorisations utilitaire et hédoniste.

Abstract: Based on in depth interviews with students of the University of Cocody Abidjan, this article examines the acceptability of the female condom, and tries to understand the students' reasons for accepting or rejecting its use. I examine conceptions of sexuality and power that emerge from their answers. These issues constitute real hindrances to the adoption and to the use of the condom insofar as it gives the woman a margin of freedom. The acceptability of the female condom is more to do with the inherent relation of power between sexual partners than it is to do with its utilitarian or hedonistic value.

File : BAH_Aghi Auguste_Notes sur l'acceptabilite du preservatif feminin.pdf

9. BALOGUN, Amusa Saheed

HIV/AIDS Epidemic in the History of Nigeria, 1986-2007

Journal of the Historical Society of Nigeria, Vol. 19, 2010, p. 166-176

Introduction: Human society has witnessed and grappled with several kinds of afflictions and disease epidemics in different parts of the world over time.¹ Some of the prominent epidemics in human history include Black Death, Influenza, Bubonic Plague, Ebola, Smallpox, Cholera, Malaria, Measles, Polio, Typhus, Tuberculosis, etc.² Indeed, epidemics are a major factor in the development of human civilization with a great impact on the course of migrations, populations, urbanizations, industry and socio-economic, cultural and political developments of all human groups.³ Since the turn of the 1980s, the world has been visited with a kind of ailment which has defied effective cure up to date. This is the Acquired Immune Deficiency Syndrome (AIDS) which is the final stage of the infection with Human Immunodeficiency Virus (HIV). The HIV/ AIDS has killed more than 30 million people worldwide and has been described as the king of all plagues in history...

Source: <http://www.jstor.org/stable/41857169>

File: BALOGUN_Amusa Saheed_HIV_AIDS Epidemic in the History of Nigeria.pdf

10. BAMAY, Thomas; BEJEAN, Sophie

Le marché de la santé : efficience, équité et gouvernance: un avant-propos

Revue économique, Vol. 60, N° 2, mars 2009, p. 233-237

Introduction : Le poids économique du secteur de la santé s'accroît considérablement. En quarante ans, la part du PIB consacrée aux dépenses de santé a presque triplé en France pour atteindre 9 % aujourd'hui, soit une dépense annuelle par habitant de près de 2 500 €. Ce secteur, fortement créateur d'emplois, représente actuellement 8 % de la population active. Si ce poids économique justifie à lui seul l'intérêt des économistes, ce sont sans doute surtout les spécificités de ce marché et les enjeux de politique publique qui ont motivé l'émergence puis l'essor de l'économie de la santé. Née de l'article fondateur de Arrow en 1963, l'économie de la santé est devenue aujourd'hui une discipline exigeante par la connaissance du système de santé qu'elle nécessite, par la diversité des thématiques étudiées et par la qualité des recherches qui y sont menées. À partir d'une sélection des communications présentées lors du vingtième anniversaire des Journées des économistes de la santé français à Lille en décembre 2007, ce numéro spécial, coordonné par le Collège des économistes de la santé, aborde trois questions centrales pour le marché de la santé : la mesure de son efficience, les inégalités et la recherche d'équité, et la gouvernance du système de soins.

Source: <http://www.jstor.org/stable/40732101>

File : BAMAY_Thomas_Le marche de la sante.pdf

11. BRADBURY, Jane

Risky Meat from the Forests

Frontiers in Ecology and the Environment, Vol. 1, N° 6, August, 2003, p. 284

Introduction: As long as man has hunted wild animals, says William Karesh (Wildlife Conservation Society, Bronx, NY), people have caught diseases from carcasses. But as the commercialization of tropical forests has increased over the past century, people are coming into close contact with once isolated animal species. As a result, warns Beatrice Hahn (University of Alabama at Birmingham, GA), we are now being exposed to potentially dangerous new infectious agents as never before.

Source: <http://www.jstor.org/stable/3868074>

File: BRADBURY_Jane_Risky Meat from the Forests.pdf

12. BREMAN, Joel G.; JOHNSON, Karl M.; VAN DER GROEN, Guido; ROBBINS, C. Brian; SZCZENIEWSKI, Mark V.; RUTI, Kalisa; WEBB, Patricia A.; MEIER, Florian ; David L. HEYMANN, David L.

A Search for Ebola Virus in Animals in the Democratic Republic of the Congo and Cameroon: Ecologic, Virologic, and Serologic Surveys, 1979-1980

The Journal of Infectious Diseases, Vol. 179, Supplement 1, Feb., 1999, p. S139-S147

Abstract: More than 30 years after the first outbreak of Marburg virus disease in Germany and Yugoslavia and 20 years after Ebola hemorrhagic fever first occurred in central Africa, the natural history of filo viruses remains unknown. In 1979 and 1980, animals in the Democratic Republic of the Congo and Cameroon were collected during the dry season near the site of the 1976 Ebola hemorrhagic fever epidemic. The study objectives were to identify local animals and search for evidence of Ebola virus in their tissues. A total of 1664 animals representing 117 species was collected, including >400 bats and 500 rodents. Vero and CV-1 cells and IFA and RIA were used for virus and antibody detection, respectively. No evidence of Ebola virus infection was found. This study was limited in time and animal collections and excluded insects and plants. Long-term, prospective, multidisciplinary comparative studies will yield more information than will repeat short forays on the ecology of filoviruses.

Source: <http://www.jstor.org/stable/30117615>

File: BREMAN_Joel G_A Search for Ebola Virus in Animals.pdf

13. CAMUS, Jérôme; ORIA, Nathalie

Apprendre à être parent à la maternité : transmission et concurrence des savoirs

Revue française de pédagogie, N° 176, Juillet-Août-Septembre 2011, p. 73-82

Résumé : L'encadrement de la grossesse et de la naissance s'opère en France grâce à un dispositif institutionnel traversé par des normes contrastées. Si le savoir médical domine, il est concurrencé depuis les années soixante-dix par les discours d'inspiration psychanalytique. Portée par différents corps professionnels (médecins, sages-femmes, auxiliaires de puériculture), cette tension se traduit aujourd'hui dans la division du travail d'encadrement et dans l'adaptation des pratiques des professionnels aux différentes catégories de mères.

Source: <http://www.jstor.org/stable/41409771>

File : CAMUS_Jérôme_Apprendre à être parent à la maternité.pdf

14. CHASTEL, C. ; CHARMOT, G.

Epidémies bactériennes et virales d'origine zoonotique : rôle de la chasse et du dépeçage d'animaux sauvages

Manuscrit n° 2638. "Santé publique". Reçu le 18 novembre 2003. Accepté le 14 mai 2004

Abstract: Bacterial and viral epidemics of zoonotic origin; the role of hunting and cutting up wild animals.

Since the Prehistoric times hunting has been a vital activity for man. However, this may account for the contamination of the hunter, his family and relatives. Infections may occur by direct contact with blood or tissues of infected animal during handling and cutting up preys and when preparing or eating meat, or also when bitten by injured animal. Apes and antelopes hunting in sub-Saharan Africa proves to be particularly important since it has been well established that the recent or previous emergence of some viral zoonosis (Ebola, Aids, T lymphotropic viruses and Monkeypox) resulted from hunting and poaching. Moreover predation among different species of non human primates such as that practised by chimpanzees against monkeys, has led to the construction of recombinant simian Lentiviruses, such as SIV cpz able to infect man and then spread over the entire mankind as it was the case with HIV – 1. SARS is another possible example of the zoonotic risks represented by the sale, handling and cutting up Chinese wild animals such as Himalayan civets for culinary purposes.

Résumé : La chasse est depuis la préhistoire une activité vitale pour l'homme. Toutefois, elle peut être à l'origine de contaminations bactériennes ou virales du chasseur, de sa famille et de son entourage. La contamination survient par contact direct avec le sang ou les tissus d'un animal infecté, lors du transport ou du dépeçage des proies, de

Gender, Diseases and Public Health Governance in Africa

la préparation de l'animal ou de sa consommation, ou encore à l'occasion d'une morsure par un animal blessé. De ce fait, la chasse pratiquée en Afrique subsaharienne, qu'il s'agisse de singes ou d'antilopes, est d'une importance particulière car il est maintenant établi qu'elle est à l'origine directe de l'émergence récente ou ancienne de plusieurs zoonoses virales (Ebola, sida, virus des leucémies-lymphomes T, monkeypox). De plus, la prédation exercée sur d'autres espèces de singes, telle qu'elle est pratiquée en groupe par les chimpanzés, a permis la construction, par recombinaison génétique, de souches simiennes de Lentivirus, comme SIV cpz, aptes à infecter l'homme puis à se propager à l'ensemble de l'humanité, comme l'ont fait les différents groupes de VIH-1. Le SRAS pourrait être le plus récent exemple des risques zoonotiques représentés par la vente, la manipulation et le dépeçage, à des fins culinaires, de la faune sauvage chinoise, par exemple les civettes de l'Himalaya.

Source : <http://www.pathexo.fr/documents/articles-bull/T97-3-2638-6p.pdf>

File : CHASTEL_C_Epidémies bactériennes et virales d'origine zoonotique.pdf

15. DALY, John L.

AIDS in Swaziland: The Battle from Within

African Studies Review, Vol. 44, N° 1, April 2001, p. 21-35

Abstract: The Kingdom of Swaziland currently possesses one of the world's highest rates of HIV/AIDS infection. This research discusses some reasons for the rapid spread of the epidemic in Swaziland, and recent actions of Swazi officials to mitigate the pain and suffering of the Swazi people over the next quarter century. It also suggests some policy initiatives for the future.

Résumé: Le Royaume du Swaziland possède actuellement un des taux les plus élevés au monde de personnes infectées par le virus HIV du SIDA. Notre recherche examine certaines des raisons de la propagation rapide de cette épidémie au Swaziland, ainsi que les actions récentes des responsables officiels Swazi pour atténuer la douleur et les souffrances du peuple Swazi dans le prochain quart de siècle. Nous suggérons également quelques initiatives politiques pour l'avenir.

Source: URL: <http://www.jstor.org/stable/525390>

File : DALY_John_L_AIDS in Swaziland.pdf

16. DARE, Lola; BUCH, Eric

The Future of Health Care in Africa: Depends on Making Commitments Work in and Outside Africa

BMJ: British Medical Journal, Vol. 331, N° 7507, July 2, 2005, p. 1-2

Introduction: As the group of eight leading industrialised nations (G8) meets for its summit at Gleneagles, Scotland, next week Africa is at a crossroads. It faces a double edged crisis: its healthcare workforce is rapidly depleting, and its health systems are weak, fragile, and hanging on a precipice. A direct consequence of this is that the indicators for health development in the continent are dismal. About one in six African children die before their fifth birthday, with half of these dying from diseases preventable by vaccines; and one woman dies every two minutes from complications of pregnancy and delivery.] From all such indications and current evidence, it would appear that very few countries in the continent will achieve the millennium development goals.² The goal to reduce deaths among children aged under 5 (figure) is just one example.

Source: <http://www.jstor.org/stable/25460047>

File: DARE_Lola_The Future of Health Care In Africa.pdf

17. DENIAUD, François

Actualité du préservatif féminin en Afrique

Source: http://www.jle.com/download/san-273436-actualite_du_preservatif_feminin_en_afrique--V2LS0X8AAQEAG914g8AAAAH-a.pdf

File : DENIAUD_François_ Actualite du preservatif feminin en Afrique.pdf

18. DENIAUD, François et al.

Pose et utilisation du préservatif féminin : résultats d'une étude menée entre 1999 et 2001 en centres MST et en CDAG à Paris

Introduction : Le préservatif féminin en polyuréthane (pfp) est un dispositif médical récent, destiné à la contraception et à la prévention des infections transmises par voie hétérosexuelle. Depuis une quinzaine d'années, des études d'efficacité in vitro [1], de tolérance [2], d'acceptabilité [3] et des essais cliniques [4,5,6,7] ont montré une innocuité quasi totale et une efficacité au moins égale à celle du préservatif masculin (pm)...

Source : <http://fulltext.bdsp.ehesp.fr/Invs/Beh/2004/11/11.pdf>

File : DENIAUD_François_Pose et utilisation du préservatif féminin.pdf

19. DESGREES DU LOU, Annabel ; MSELLATI, Philippe ; VIHO, Ida ; WELFFENS-EKRA, Christiane

Le recours à l'avortement provoqué à Abidjan: une cause de la baisse de la fécondité?
Population (French Edition), Vol. 54, N° 3, May - June, 1999, p. 427-446

Introduction : La baisse de la fécondité est amorcée en Afrique. Au sud du Sahara, il s'agit encore d'un phénomène assez récent, mais incontestable: après une légère hausse des taux de fécondité dans quelques pays dans les années soixante-dix, consécutive à l'amélioration de la santé maternelle et infantile, le nombre moyen d'enfants par femme est en diminution depuis la fin des années quatre-vingt dans de nombreux pays pour lesquels on dispose de données fiables (Vallin, 1998); il est passé de 7,9 en 1977 à 5,4 en 1993 au Kenya, de 7,2 en 1978 à 6,1 en 1992 au Sénégal (N'Cho et al., 1995) et de 7,2 en 1980 à 5,7 en 1994 en Côte d'Ivoire (N'Cho et al.,

Source: <http://www.jstor.org/stable/1534985>

File : DESGREES DU LOU_Annabel_Le recours a l'avortement provoque a Abidjan.pdf

20. DODDS, Susan

Inclusion and Exclusion in Women's Access to Health and Medicine

International Journal of Feminist Approaches to Bioethics, Vol. 1, N° 2, Fall, 2008, p. 58-79

Abstract: Women's access to health and medicine in developed countries has been characterized by a range of inconsistent inclusions and exclusions. Health policy has been asymmetrically interested in women's reproductive capacities and has sought to regulate, control, and manage aspects of women's reproductive decision making in a manner unwitnessed in relation to men's reproductive health and reproductive decision making. In other areas, research that addresses health concerns that affect both men and women sometimes is designed so as not to yield data relating to the ways in which women's physiology and gendered location may affect their experience of the condition and its response to treatment, despite a literature on the significance of sex and gender differences in health research. This paper draws on the situation in Australia to explore the ethical significance of these inconsistencies as failing the ideals of high-quality medical research and evidenced-based health care.

Source: <http://www.jstor.org/stable/40339178>

File: DODDS_Susan_Inclusion and Exclusion.pdf

21. DODGSON, Richard; LEE, Kelley; DRAGER, Nick

Global Health Governance, a Conceptual Review, February 2002

Geneva: WHO, February 2002

Introduction: In today's world of changing health risks and opportunities, the capacity to influence health determinants, status and outcomes cannot be assured through national actions alone because of the intensification of cross border and transborder flows of people, goods and services, and ideas. The need for more effective collective action by governments, business and civil society to better manage these risks and opportunities is leading us to reassess the rules and institutions that govern health policy and practice at the subnational, national, regional and global levels. This is particularly so as a range of health determinants are increasingly affected by factors outside of the health sector – trade and investment flows, collective violence and conflict, illicit and criminal activity, environmental change and communication technologies. There is an acute need to broaden the public health agenda to take account of these globalizing forces, and to ensure that the protection and promotion of human health is placed higher on other policy agendas (McMichael and Beaglehole 2000). There is a widespread belief that the current system of international health governance (IHG) does not sufficiently meet these needs and, indeed, has a number of limitations and gaps...

Source: [https://www.researchgate.net/profile/Kelley_Lee/publication/242472817_](https://www.researchgate.net/profile/Kelley_Lee/publication/242472817_Global_Health_Governance_A_CONCEPTUAL_REVIEW/links/0046352b0e94294750000000.pdf)

[Global_Health_Governance_A_CONCEPTUAL_REVIEW/links/0046352b0e94294750000000.pdf](https://www.researchgate.net/profile/Kelley_Lee/publication/242472817_Global_Health_Governance_A_CONCEPTUAL_REVIEW/links/0046352b0e94294750000000.pdf)

File: DODGSON_Richard_Global Health Governance.pdf

22. DOYAL, Lesley

Putting Gender into Health and Globalisation Debates: New Perspectives and Old Challenges

Third World Quarterly, Vol. 23, N° 2, April 2002, p. 233-250

Abstract: Debates continue about the impact of globalisation on human well-being. However, they are often based on little empirical evidence. This is not surprising, given the contested nature of the term 'globalisation' itself, the different ways in which health and well-being can be measured and the diversity of globalising trends in different parts of the world. The aim of this paper is to clarify some of these issues by looking at the recent experiences of women across a variety of social settings. It will begin with the development of a gender-neutral framework for analysing the links between globalisation and health. This will be followed by a more detailed examination of how sex and gender have shaped women's experiences of global change in ways that have been hazardous to the health of many of the most vulnerable. It will go on to identify the opportunities for improvement that these same changes have opened up and will conclude by discussing the ways in which many women are using these opportunities to reshape their lives in healthier ways.

Source: <http://www.jstor.org/stable/3993498>

File: DOYAL_Lesley_Putting Gender into Health and Globalisation.pdf

23. DUMONT, Carole; TAGGART, Marie-Elisabeth

Préparation prénatale: caractéristiques des participantes et des non-participantes

Canadian Journal of Public Health / Revue Canadienne de Santé Publique, Vol. 77, N° 5, September/October 1986, p. 354-358

Résumé: Cet article présente les résultats d'une étude sur les caractéristiques de deux groupes de mères primipares, soit des participantes et des non-participantes, à une préparation prénatale. Les non-participantes aux rencontres prénatales vivent leur grossesse dans des conditions socio-économiques plus défavorisées que les participantes. De plus, leurs habitudes de vie sont susceptibles de nuire à la survie d'un enfant sain. Des recommandations d'ordre préventif sont suggérées à la fin de cet article.

Abstract: This article presents the results of a study of two groups of primiparae mothers. One group attended prenatal classes; the other did not. Mothers in the group not attending pre-natal classes were mostly from a lower socio-economic level and their living habits frequently presented risk to the child's health. Some preventive measures are suggested in the conclusion.

Source: <http://www.jstor.org/stable/41989266>

File: DUMONT_Carole_Preparation prenatale.pdf

24. DWORKIN, Sharil; COLVIN, Christopher; HATCHER, Abbey; PEACOCK, Dean

Men's Perceptions of Women's Rights and Changing Gender Relations in South Africa: Lessons for Working with Men and Boys in HIV and Antiviolence Programs.

Gender and Society, Vol. 26, N° 1, February 2012, p. 97-120

Source: <http://www.jstor.org/stable/pdf/23212243.pdf>

File: DWORKIN_Sharil_Mens Perceptions of Womens Rights.pdf

25. ECKERMANN, Liz

Gendering Indicators of Health and Well-Being: Is Quality of Life Gender Neutral?

Social Indicators Research, Vol. 52, N° 1, October 2000, p. 29-54

Abstract: The addition of social indicators and quality of life measures to the raft of traditional health indicators used to assess health and well-being has certainly provided a much-needed contextual understanding of health outcomes. However, most quality of life measures remain undifferentiated by gender. Outcomes can be disaggregated along age, class, ethnic, racial and gender dimensions but few quality of life measures (or social indicators for that matter) are sensitive to the subtle effects of gender socialization on health and well-being. Both social epidemiology and quality of life measures need to be gendered and differentiated to fully capture the diversity of women's and men's health experiences.

Source: <http://www.jstor.org/stable/27522494>

File: ECKERMANN_Liz_Gendering Indicators of Health and Well-Being.pdf

26. ESSO, Emmanuel ; PISON, Gilles

Les attitudes liées à la mère et le VIH/SIDA sont-ils responsables de la remontée de la mortalité des enfants observée en Côte d'Ivoire durant la décennie 1990?

Résumé : Les enquêtes démographiques et de santé réalisées dans la décennie 1990 en Côte d'Ivoire semblent indiquer une résurgence de la mortalité des enfants durant cette période. Cet article s'interroge sur la responsabilité des attitudes liées à la mère ainsi que du VIH/SIDA dans la recrudescence de mortalité observée. La remontée de la mortalité n'étant perceptible qu'entre la première EDS et la seconde, on a regardé, s'il y a eu, entre les deux périodes, des variations négatives à la survie des enfants des facteurs liées à l'attitude de la mère tout comme du VIH/SIDA. Qu'il s'agisse des consultations prénatales, lieux de délivrance, vaccinations de la mère et des enfants, de l'allaitement, on observe une amélioration des pratiques chez les femmes mères. La mortalité liée au VIH a certes augmenté durant la décennie mais l'évolution de sa part dans la mortalité infanto-juvénile reste statistiquement négligeable entre les deux observations (Afr J Reprod Health 2012; 16[3]: 77-93).

Abstract: Demographic and Health Surveys conducted in the 1990s in Côte d'Ivoire suggest a resurgence of mortality during this period. This article examines the responsibility of mother attitudes and HIV/AIDS pandemic in the increase of mortality recorded. The rise in mortality was discernible between the first and second DHS, so we tried to find out whether there have been, between the two periods, negative changes in child survival factors associated with mother attitudes and HIV/AIDS pandemic. Whether it has to do with antenatal visits, birthing places, mother and child vaccination or breastfeeding, there is an improvement in the practices of women mothers. The HIV-related mortality has certainly increased over the decade but the improvement on the part of infant mortality is not statistically significant between the two observations. (Afr J Reprod Health 2012; 16[3]: 77-93).

Source: <http://www.jstor.org/stable/23485696>

File: ESSO_Emanuel_Les attitudes liees à la mere et le VIH_SIDA.pdf

27. EZEONU, Ifeanyi; KOKU, Emmanuel

Crimes of Globalization: The Feminization of HIV Pandemic in Sub-Saharan Africa
The Global South, Vol. 2, N° 2, Fall 2008, p. 112-129

Abstract: This paper addresses the lack of criminological interest in the "crimes" of globalization. It challenges the essentialist assumption of main-stream criminology that the legal definitions of crime are sacrosanct. Following a broader conceptualization of crime which goes beyond the prescriptions of criminal law, the paper draws on three different intellectual traditions (crimes of globalization, structural violence and the critique of neoliberalism) which emphasize the contingent influence of social harm in people's life choices. We argue that the implementation of neoliberal policies in sub-Saharan Africa contribute to the exposure of women to risky life-style choices that often increase their vulnerability to HIV infection. We conclude that criminologists can no longer afford to abandon the study of the lethal consequences of untrammelled capitalism to economic and development experts, but should go beyond the state-centric definition of crime by addressing the "structural and institutionalized" victimization of the people by the market in an increasingly globalizing world.

Source: <http://www.jstor.org/stable/40339262>

File: EZEONU_Ifeanyi_Crimes of Globalization.pdf

28. EZUMAH, Nkoli N.

Gender Issues in the Prevention and Control of STIs and HIV/AIDS: Lessons from Awka and Agulu, Anambra State, Nigeria
African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive,
Vol. 7, N° 2, August 2003, p. 89-99

Abstract: The study examined perceptions, practices and norms underlying sexuality and gender relations that constrain the prevention and control of STIs and HIV/AIDS. It was carried out among the Igbo of Awka and Agulu in Anambra State of Nigeria. Both quantitative and qualitative methods were used for data collection. Findings indicate that cultural practices that encourage the establishment of sexual networks by men persist in the study communities. Some married women who are not able to achieve pregnancy with their husbands get involved in such networks to have children. Some parents who do not have male children encourage their unmarried daughters to have children out of wedlock so as to perpetuate the lineage. Inequality in gender relations and fear of repercussions constrain women from negotiating safe sex. Sexuality education is, therefore, necessary to improve the knowledge base, perceptions and sexual behaviours of the study communities. Women should be empowered to make informed decisions about sexuality and childbearing. Male responsibility in reproductive health should also be encouraged. (AfrJ Reprod Health 2003; 7[2]: 89-99)

Gender, Diseases and Public Health Governance in Africa

Résumé : Questions de genre dans la prévention et la lutte contre les IST et le VIH/SIDA: leçons des tribus d'Awka et d'Agulu, Etat d'Anambra, Nigeria. L'étude a examiné les perceptions, les pratiques et les normes qui sous-tendent la sexualité et les relations de genre qui limitent la prévention et la lutte contre les IST et le VIH/SIDA. L'étude a été menée auprès des Ibos d'Awka et d'Agulu dans l'Etat d'Anambra au Nigeria. Pour collecter les données, nous avons employé les méthodes quantitative et qualitative. Les résultats montrent que les pratiques culturelles qui encouragent l'établissement des réseaux sexuels par les hommes, demeurent toujours dans les communautés qui ont fait l'objet de l'étude. Certaines femmes marines qui n'arrivent pas à devenir enceintes de leurs maris, deviennent impliquées dans de tels réseaux pour avoir des enfants. Certains parents qui n'ont pas d'enfants de sexe masculin encouragent leurs filles célibataires d'avoir des enfants hors mariage afin de prolonger la lignée. L'inégalité dans les relations de genre et la peur des répercussions obligent les femmes à ne pas négocier la sexualité sans danger. L'éducation sexuelle est donc nécessaire pour améliorer la base de la connaissance, les perspectives et les comportements sexuels des communautés qui ont fait l'objet de l'étude. Il faut donner le pouvoir aux femmes ce qui leur permettra de prendre des décisions en connaissance de cause sur la sexualité et l'accouchement. Il faut également encourager la responsabilisation de la part des hommes en matière de la santé reproductive. (Rev Afr Sant Reprod 2003; 7[2]: 89-99)

Source: <http://www.jstor.org/stable/3583216>

File: EZUMAH_Nkoli N_Gender Issues in the Prevention and Control of STIs and HIV_AIDS.pdf

29. FIDLER, David P.

The Challenges of Global Health Governance

New York: Council on Foreign Relations, May 2010

Introduction: Three crises in 2009 revealed the inadequacy of global health governance. The outbreak of pandemic influenza A (H1N1) found countries scrambling for access to vaccines, an unseemly process that led the World Health Organization to call for a new "global framework" on equitable influenza vaccine access. The global economic crisis damaged efforts to achieve the Millennium Development Goals, most of which involve health problems or address policy areas affecting health. The year ended with the fractious Copenhagen negotiations on global climate change, a problem with fearsome portents for global health.

Unfortunately, concerns about global health governance are not limited to these epidemiological, economic, and environmental crises. Experts also warned about issues: the failure to prevent HIV/AIDS, antimicrobial resistance, counterfeit drugs, the global prevalence of non-communicable diseases related to tobacco consumption and obesity, the migration of health workers from developing to developed countries, and the deterioration in the social determinants of health.² Efforts to address these and other global health problems often acknowledge that existing institutions, rules, and processes are insufficient to support collective action...

File: FIDLER_David P_The Challenges of Global Health Governance.pdf

30. FIDLER, David P.

Racism or Realpolitik? U.S. Foreign Policy and the HIV/AIDS Catastrophe in Sub-Saharan Africa

The Journal of Gender, Race & Justice, Vol. 7, 2003, p. 97-146

Introduction: Infectious disease epidemics have played important roles in the history of humankind. ² Historians have studied, for example, the continent-wide political, economic, and social impact of the bubonic plague-the "Black Death"-in fourteenth-century Europe. ³ In the "age of discovery," European diseases decimated peoples across the American hemisphere, creating conditions more conducive for European conquest and destruction of native civilizations.⁴ Cholera epidemics in mid-nineteenth century Europe shocked governments across the continent into national and international political action that defined public health efforts on human diseases for over a century. ⁵ Today, the history transforming powers of infectious-disease epidemics are unfolding in the pandemic of the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS), which has already become one of the worst disease epidemics in human history in the space of two decades...

Source: <http://www.repository.law.indiana.edu/facpub>

File: FIDLER_David P_ Racism or Realpolitik.pdf

31. KAHN, Kathleen

Population health in South Africa: Dynamics over the past two decades

Journal of Public Health Policy, Vol. 32, Supplement 1, 2011, p. S30-S36

Abstract: South Africa has experienced a rapid and complex health transition over the past two decades. Mortality has worsened in virtually all age groups, driven largely by HIV and AIDS. The morbidity profile comprises coexisting infectious and non-communicable diseases - including new infections such as HIV and AIDS, and emerging conditions

such as vascular illness and diabetes - together with persisting child diarrhea and malnutrition, and high levels of interpersonal violence and accidents. Risk factors for cardiovascular disease are high even in rural parts of the country, with high levels of obesity rendering women at greater risk for metabolic disease. Reducing the negative impacts of the health transition will require targeted efforts within the health and social sectors, as well as broader development initiatives. Government should provide strong leadership, and priorities for action must be underpinned by a robust evidence base.

Source: <http://www.jstor.org/stable/20868828>

File: KAHN_Kathleen_Population health in South Africa.pdf

32. KARRA, Mahesh ; LEE, Marlene

Les conséquences en termes de capital humain des grossesses chez les adolescentes sud-africaines, mars 2012

Introduction : Les femmes sud-africaines ont moins d'enfants en moyenne depuis les années 1970, mais le taux de grossesses chez les adolescentes en Afrique du Sud n'a pas changé, à savoir 54 naissances pour 1000 femmes âgées de 15 à 19 ans. De même, la proportion de femmes âgées de 20 à 50 ans ayant accouché avant l'âge de 20 ans a diminué depuis 1985, mais reste historiquement élevée (voir l'encadré 1, page 2). Le nombre élevé de jeunes mères est une cause de préoccupation sociale en Afrique du Sud et dans d'autres pays en raison de l'impact négatif de la maternité des adolescentes sur l'éducation et la santé des jeunes mères et de leurs enfants.

La présente note de recherche met en exergue les résultats des études récentes sur les grossesses d'adolescentes en Afrique du Sud, dans lesquelles les analystes ont examiné les relations causales entre la fécondité chez les adolescentes, le niveau de scolarité et les résultats de santé dans les régions rurales et urbaines en Afrique du Sud...

Source : http://www.prb.org/pdf13/poppov-teen-childbearing-southafrica_fr.pdf

File : KARRA_Mahesh_consequences en termes de capital humain des grossesses.pdf

33. KESSLER, Claudia et al.

Etude pilote sur l'acceptabilité du préservatif féminin chez des migrantes Subsahariennes de Zurich

Résumé : Le nombre croissant de femmes infectées par le VIH/SIDA (on parle de la féminisation ou encore de la face féminine du VIH/SIDA) représente de nos jours, au niveau mondial, l'un des défis prioritaires dans la lutte contre cette pandémie. En Afrique Subsaharienne, 58% de personnes touchées par le VIH/SIDA sont des femmes (ONUSIDA, 2005). Cette féminisation du VIH/SIDA ne touche uniquement pas que des femmes jeunes et pauvres, mais aussi un nombre croissant de femmes mariées dans un régime monogamique. Pour des femmes vivant dans un contexte social leur offrant peu de possibilités de prendre des décisions en matière de sexualité et de les implémenter, le préservatif masculin réduit, à lui seul, l'éventail de moyens de protection contre le VIH/SIDA.

Source : http://www.swisstph.ch/fileadmin/user_upload/Pdfs/Fedomstudie_f.pdf

File : KESSLER_Claudia_Etude pilote sur l'acceptabilite du preservatif feminin.pdf

34. KLOMEGAH, Roger Y.

Sexual Behavior and Hiv/Aids in Sub-Saharan Africa: A Comparative Analysis of Swaziland and Niger

International Review of Modern Sociology, Vol. 37, N° 2, autumn 2011, p. 217-237

Abstract: This study compares sexual behaviors of males in high and low risk populations of Swaziland and Niger respectively in regard to their HIV/AIDS statuses. The focus of the study is on males because of their status and influence over sexual and fertility matters in these societies. The purpose of the study is three-fold: to estimate the level of knowledge of HIV/AIDS in Swaziland and Niger; to examine the occurrence and distribution of risky sexual behaviors; and to identify the social predictors of risky sexual behaviors in these two countries. Male recode data sets from Swaziland demographic and Health Survey (2006) and Niger Demographic and Health Survey (2006) were utilized for analyses. The sample sizes were 4,156 for Swaziland and 3,549 for Niger. Risky sexual behaviors (abstinence, sexual intercourse with multiple partners, and inconsistent use or nonuse of condoms) were regressed on the following socio-demographic factors: age, place of residence, education, work status, wealth index, marital status, and age at first intercourse. Based on the results it is suggested that the discrepancy between knowledge and practices in reference to the HIV/AIDS epidemic needs to be addressed through concerted efforts that should involve national and local governments, policy makers, and moral entrepreneurs.

Source: URL: <http://www.jstor.org/stable/41421414>

File: KLOMEGAH_Roger_Y_Sexual Behavior and Hiv.pdf

35. KLUGMAN, Barbara; STEVENS, Marion; ARENDS, Katrina

Developing Women's Health Policy in South Africa from the Grassroots

Reproductive Health Matters, Vol. 3, N° 6, November 1995, p. 122-131

Source: <http://www.jstor.org/stable/3775660>

File: KLUGMAN_Barbara_Developing Womens Health Policy.pdf

**36. KOFFI, N.M.; COULIBALY, A. ; GLOYD, S.; AKE, O. ; ANGBO-EFI, O.;
KOUAME, P.; DIARRA-NAMA, A.J. ; DELAFOSSE, R.**

Le carnet de santé dans la surveillance de la grossesse en Côte d'Ivoire

Résumé : En 1997, une étude transversale à visée descriptive a été faite dans 30 localités tirées au sort comportant une structure de santé. L'enquête qui avait pour objectif principal d'évaluer le degré d'informations des carnets de santé de surveillance des grossesses de la période considérée a porté sur un échantillon systématique de 592 femmes tirées au hasard à raison d'environ 20 femmes par grappes. L'analyse des informations recueillies à partir de ces carnets montre que seul l'examen obstétrical était fait systématiquement chez toutes les femmes et à chaque visite. Par contre, certains éléments de la consultation prénatale étaient soit insuffisamment soit excessivement réalisés. Cette étude pose alors le problème de l'insuffisance d'informations des carnets de consultations prénatales. Or pour atteindre le but de la surveillance des grossesses qui est de déceler, de traiter et de prévenir les pathologies pouvant influencer sur le pronostic des grossesses, il est primordial que les carnets de santé des femmes enceintes soient correctement remplis. Il convient alors de doter la consultation prénatale d'un protocole de recommandations dont l'efficacité ne fasse aucun doute.

Source : <http://www.santetropicale.com/Resume/44702.pdf>

File : KOFFI_N_M_Le carnet de sante dans la surveillance de la grossesse.pdf

37. G.R.A.S.A. (Groupe de Réflexion et d'Action Sanitaire appliquée à l'Afrique)

Pour une éducation sanitaire en Afrique

Présence Africaine, Nouvelle série, N° 124, 4e trimestre 1982, p. 26-51

Abstract: It is generally agreed that only preventive and promotional (1) medicine can improve the overall health condition in any country of the world. There is much hope in this statement for Third World countries which cannot afford to make expensive curative medical facilities available to all their inhabitants. Health education plays a major part in increasing people's awareness of their needs and in developing their ability to take their own health care in hand. Efficient methods for achieving health education in Africa were developed over twenty years ago. Several projects were carried out successfully, thereby proving that these methods can be operative. Yet, most Africans have never benefited from any kind of health education. Why is it that efficient health education still does not exist in Africa on a large scale? Our article originated in this question and in other criticisms concerning the present health policy followed by most African countries. It is the result of a joint effort by a group of health workers (mostly African) temporarily in France for part of their training. Some have already had field experience in Africa. /Is far as health education is concerned, besides being very discouraging, their experiences have been partial or total failures. These have been discussed by the Group in order to discover the main obstacles which preclude efficient health education. The discrepancy between training, whether received in Africa or in Europe, and the knowledge and skills which are actually needed in preventive and promotional activities, must be emphasized. The African health workers' training, which is consistent with a Western-type policy based on curative medicine, is not adequate to satisfy our peoples' basic needs. Many suggestions have been put forward for changing this situation. However, most African countries do not seriously question their current policies. The African health worker is faced with a difficult choice: if he does what he has been trained to do, he will work in the curative care system; whatever his professional capabilities, only a small minority will benefit from his work. The alternative lies in participating in preventive or promotional activities of which he has no particular knowledge and to which only minimal resources are allocated. The answers to this dilemma cannot readily be found. Among the health professionals in our Group, many do not yet know how close they can come to answering the people's basic needs with the handicap of inadequate training and the limits imposed by current African health policies. However, the Group has proposed the following objectives: African health workers must continue to discuss their training, their past experience and their future work in order to develop a more efficient approach to preventive and promotional medicine in Africa; during training, future African health workers should be encouraged to develop a new outlook concerning health policies in their countries; those who work towards promoting preventive medicine and health education in our different countries should be able to exchange their experiences and offer students the opportunity to compare their current training with reality; finally, Western health workers who are interested in working in Africa should be allowed to find out how their African colleagues feel about their project.

Source: <http://www.jstor.org/stable/24350729>

File: Education sanitaire en Afrique.pdf

38. HAMA, Issa Boubou

Vers une médecine préventive personnalisée en Afrique noire
Présence Africaine, Nouvelle série, No. 124, 4e trimestre 1982, p. 52-75

Introduction : La médecine occidentale a obtenu en Afrique des succès indéniables, en particulier, dans la prévention des maladies infectieuses par l'institution de campagnes de vaccination, visant à créer un impact sanitaire dans les régions les plus démunies de ce continent et par l'application de règles d'hygiène les plus élémentaires aux populations fréquemment éprouvées par des épidémies de variole, de fièvre jaune et de choléra. Certaines victoires enregistrées sur la variole, la fièvre jaune et le choléra témoignent de l'efficacité des méthodes de prévention utilisées jadis. Ces succès ont éveillé un grand espoir, l'espoir de dépister toutes les maladies à leur début, par des examens systématiques chez tous les individus. Espoir vite déçu, car toute prévention efficace suppose nécessairement une connaissance exacte des causes du trouble qu'on cherche à prévenir. Pendant longtemps la médecine préventive classique a ignoré la notion de « terrain », générateur de l'apparition de telle ou telle autre maladie chez les individus. Elle était davantage prophylactique, moins spécifique, plus aléatoire, donc fondamentalement dépourvue d'efficacité réelle.

Source: <http://www.jstor.org/stable/24350730>

File: HAMA_Issa Boubou_Vers une medecine preventive personnalisee.pdf

39. KLUGMAN, Barbara

Case Report: [Health, Mainstreaming Gender Equality in Health Policy]
Agenda: Empowering Women for Gender Equity, 1999, p. 48-70

Introduction: The first democratic elections in 1994 created an opportunity to assess every aspect of the nature and shape of South African government and society, a pressure for innovative and far-reaching changes rather than the incremental shifts usually associated with policy reform. There were unprecedented changes in the health field, shaped through a new lens of equity and equality. This paper outlines the factors which led to the development of these health policy reforms. It then analyses the new policy to assess the extent to which it directly addresses the question of gender inequality, and goes on to look at the interactions between policy and implementation. In doing so, it draws on three different examples of implementation: the location of reproductive health and women's health in the health service structure; the content of curriculum for midwives on termination of pregnancy; and the implementation of a situation analysis and change management process, known as the Transformation of Reproductive Health Services Project (TRHSP), which was run over two years in three rural provinces. It concludes by suggesting some key challenges in promoting gender equality in health service provision, and considering the factors likely to influence the will and capacity to take on these challenges. The paper is organised using...

Source: Stable URL: <http://www.jstor.org/stable/4066077>

File: KLUGMAN_Barbara_Health Mainstreaming Gender Equality.pdf

40. KOSTER, Winny; BRUINDERINK, Marije Groot; JANSSENS, Wendy

Empowering Women or Pleasing Men? Analyzing Male Views on Female Condom Use in Zimbabwe, Nigeria and Cameroon
International Perspectives on Sexual and Reproductive Health, Vol. 41, N° 3, September 2015, p. 126-135

Introduction: The female condom is the only available female-initiated contraceptive method that offers dual protection against pregnancy and STIs, including HIV. It is as effective as the male condom and possesses unique features that make it a potentially valuable addition to the array of modern protection methods. The female condom can be inserted several hours before sexual intercourse, its use does not require an erect penis and users report greater pleasure than with the male condom. Moreover, because the female condom is worn by women instead of men, its use may increase women's control over their reproductive health. Nevertheless, use of female condoms remains low all over the world, including Sub-Saharan Africa. The promotion of the female condom as a female-initiated method without including male-sensitive messages may in fact contribute to the low rates of use...

Source: <http://www.jstor.org/stable/10.1363/4112615>

File: KOSTER_Winny_Empowering Women or Pleasing Men.pdf

41. LESOROGOL, Carolyn K.

Setting Themselves Apart: Education, Capabilities, and Sexuality among Samburu Women in Kenya
Anthropological Quarterly, Vol. 81, N° 3, summer, 2008, p. 551-577

Abstract: Formal education for girls among the pastoralist Samburu of northern Kenya imparts new knowledge and skills, but also inculcates ideas and attitudes that clash with conventional understandings of female capabilities, sexuality, and gender roles. As a result, formal education has contributed to increased differentiation between educated and uneducated girls and women, with some negative implications for individuals as well as for female solidarity more generally. This article explores the meaning and implications of symbolic boundaries created and maintained by educated girls and women manifested both in words and ideas and embodied in dress and adornment, [symbolic boundaries, pastoralism, women, sexuality, education, Samburu, Kenya, Africa]

Source: <http://www.jstor.org/stable/25488225>

File: LESOROGOL_Carolyn K_Setting Themselves Apart.pdf

42. LLOYD-SMITH, James O. et al.

Epidemic Dynamics at the Human-Animal Interface

Science. New Series, Vol. 326, N° 5958, December 4, 2009, p. 1362-1367

Abstract: Few infectious diseases are entirely human-specific: Most human pathogens also circulate in animals or else originated in nonhuman hosts. Influenza, plague, and trypanosomiasis are classic examples of zoonotic infections that transmit from animals to humans. The multihost ecology of zoonoses leads to complex dynamics, and analytical tools, such as mathematical modeling, are vital to the development of effective control policies and research agendas. Much attention has focused on modeling pathogens with simpler life cycles and immediate global urgency, such as influenza and severe acute respiratory syndrome. Meanwhile, vector-transmitted, chronic, and protozoan infections have been neglected, as have crucial processes such as cross-species transmission. Progress in understanding and combating zoonoses requires a new generation of models that addresses a broader set of pathogen life histories and integrates across host species and scientific disciplines.

Source: <http://www.jstor.org/stable/27736583>

File: LLOYD-SMITH_James O_Epidemic Dynamics at the Human-Animal Interface.pdf

43. MARINDO, Ravayi; ILIC, Dragan; SETSWE, Geoffrey

Gender Differences in Knowledge of Testicular Cancer among Students at a South African University

Abstract: Background: Testicular cancer (TC) is the most common form of cancer among men. Lack of knowledge of male cancers is a major contributor to delays in seeking care for cancer symptoms and prevention of TC. The focus on this study was to examine gender differences in knowledge of testicular cancer (TC) and testicular self-examination (TSE) among students at an African university. Methods: A cross-sectional survey was conducted among male and female university students. A total of 1,300 first year students were approached to participate and 976 (44.8% = male and 55.2% = female) accepted; giving a response rate of 75.1%. A chi square test was used to examine the differences between male and female respondents in terms of knowledge of male cancers, TC and TSE. Results: Only 54.2% of the sample had ever heard of male cancers. Knowledge of TC and TSE was quite low, with only 40% ever hearing of testicular cancer. Only 22% of the sample had ever heard of TSE and 15% identified a lump as a correct symptom of TC. Only 9% knew that there was some genetic predisposition to TC and 22% correctly identified the correct age-groups at risk for TC. Overall, males had significantly higher levels of awareness ($p < .001$). However, there was no significant association between gender and knowledge of at least one correct symptom, at least one correct, correctly identifying the ages at risk of TC and methods of preventing TC. Conclusion: While males are more aware of male cancers and TC compared to women, their knowledge appears to be more general in nature. Male knowledge of specific aspects of TC which include knowledge of at least one correct symptom, knowledge of the ages at risk of TC and knowledge of at least one correct cause of TC did not statistically differ from that of females.

Source: https://www.researchgate.net/publication/272707697_Gender_differences_in_knowledge_of_testicular_cancer

File: MARINDO_Ravayi_Gender Differences in Knowledge.pdf

44. NAYSMITH, Scott; WHITESIDE, Alan; WHALLEY, Amy

Rethinking Swaziland's HIV/AIDS Epidemic: The Need for Urgent Interventions

Canadian Journal of Public Health = Revue Canadienne de Santé Publique, Vol. 99, Supplement 1, May/June 2008, p. S8-S10

Abstract: Swaziland's HIV/AIDS epidemic has been characterized by the slow onset of a myriad of co-factors culminating in a chronic emergency, burdening every sector of society. Exacerbated by domestic political mismanagement and ill-suited policies of international organizations, impacts will remain endemic for generations. From near-zero diagnosed HIV infections in 1990, Swaziland now has the highest relative prevalence in the world. The impacts of infection are withering the human capacity to mount effective and systemic interventions. Indicators of

social well-being show a population in distress. Aggravated by gender inequality, drought, agricultural decline and insufficient financial resources, livelihood failure in Swazi households has become commonplace - and the situation is deteriorating. This article argues that the brutal reality facing the Swazi population is perpetuated by the lack of political will of government and conditionalities imposed by international donors. In the absence of comprehensive government-led programming, many communities have initiated interventions. Assisting these vulnerable populations requires sustained international financial commitments. This money would be used to best effect if accompanied by pressure for domestic political accountability in Swaziland. Such changes will facilitate country-wide interventions, particularly those at the community level. While Swaziland is the case study, many of the findings are applicable to generalized epidemics throughout southern Africa.

Source: http://www.jstor.org/stable/pdf/41995000.pdf?_=1465392003558

File: NAYSMITH_Scott_Rethinking Swazilands HIV_AIDS Epidemic.pdf

45. OKONOFUA, Friday

HPV Vaccine and Prevention of Cervical Cancer in Africa / Le vaccin contre le VPH et la prévention du cancer du col en Afrique

African Journal of Reproductive Health = La Revue Africaine de la Santé Reproductive, Vol. 11, N° 2, August 2007, p. 7-12

Introduction: Available evidence indicates that cervical cancer is the second or third most common cancer in women, after breast and colorectal cancer. Each year, about 500,000 new cases of cervical cancer are diagnosed all over the world, with an estimated 80% or more occurring in developing countries. In high income countries, the availability of Pap smear and treatment has drastically reduced the incidence of cervical cancer. By contrast, up to 80% of the estimated 280,000 annual deaths from cervical cancer worldwide occur in developing countries. In these countries, about 95% of women will never have Pap smear or related prevention and treatment options in their lifetime.

Sub-Saharan Africa has by far the highest burden and mortality associated with cervical cancer in the world. A total of 5318 new cases of cervical cancer were detected in South Africa in 1997, while the risk of development of cervical cancer in South African women has been estimated to be 1 in 291. In Nigeria, the estimated incidence rate of cervical cancer is 25 per 100,000 women...

Source: <http://www.jstor.org/stable/25549711>

File: OKONOFUA_Friday_HP_Vaccine and Prevention.pdf

46. OKONOFUA, Fiday E., IRIBHOGBE, Pius

Prevention of Breast Cancer in African Women / La prévention du cancer du sein chez les femmes africaines

African Journal of Reproductive Health = La Revue Africaine de la Santé Reproductive, Vol. 10, N° 1, April 2006, p. 7-12

Introduction: Available evidence suggests that breast cancer is the most common cancer among women in many parts of Africa, and the leading cause of mortality associated with cancer in African women^{1, 2}. Although the true incidence of breast cancer is generally not known in many African countries, several publications indicate a trend towards an increasing incidence of the disease in many parts of Africa^{3, 4}. The case fatality associated with breast cancer in African women is extremely high, and treatment of breast cancer is a heavy burden on the already fragile health systems of many countries.

Source: <http://www.jstor.org/stable/30032439>

File: OKONOFUA_Fiday E_Prevention of Breast Cancer.pdf

47. OLAFSDOTTIR, Anna E.; REIDPATH, Daniel D.; POKHREL, Subhash; ALLOTEY, Pascale

Health systems performance in sub-Saharan Africa: governance, outcome and equity

Background: The literature on health systems focuses largely on the performance of healthcare systems operationalised around indicators such as hospital beds, maternity care and immunisation coverage. A broader definition of health systems however, needs to include the wider determinants of health including, possibly, governance and its relationship to health and health equity. The aim of this study was to examine the relationship between health systems outcomes and equity, and governance as a part of a process to extend the range of indicators used to assess health systems performance.

Methods: Using cross sectional data from 46 countries in the African region of the World Health Organization, an ecological analysis was conducted to examine the relationship between governance and health systems performance. The data were analysed using multiple linear regression and a standard progressive modeling procedure. The under-five

Gender, Diseases and Public Health Governance in Africa

mortality rate (U5MR) was used as the health outcome measure and the ratio of U5MR in the wealthiest and poorest quintiles was used as the measure of health equity. Governance was measured using two contextually relevant indices developed by the Mo Ibrahim Foundation.

Results: Governance was strongly associated with U5MR and moderately associated with the U5MR quintile ratio.

After controlling for possible confounding by healthcare, finance, education, and water and sanitation, governance remained significantly associated with U5MR. Governance was not, however, significantly associated with equity in U5MR outcomes.

Conclusion: This study suggests that the quality of governance may be an important structural determinant of health systems performance, and could be an indicator to be monitored. The association suggests there might be a causal relationship. However, the cross-sectional design, the level of missing data, and the small sample size, forces tentative conclusions. Further research will be needed to assess the causal relationship, and its generalizability beyond U5MR as a health outcome measure, as well as the geographical generalizability of the results.

Source: http://download.springer.com/static/pdf/914/art%253A10.1186%252F1471-2458-11-237.pdf?originUrl=http%3A%2F%2Fbmcpublichealth.biomedcentral.com%2Farticle%2F10.1186%2F1471-2458-11-237&token2=exp=1466530294~acl=%2Fstatic%2Fpdf%2F914%2Fart%25253A10.1186%25252F1471-2458-11-237.pdf*~hmac=eaf6d8548651d7737a83762f2e2039d92add0f2edb5d8aaf3f63cdb0531e660

File: OLAFSDOTTIR_Anna E_Health systems performance in sub-Saharan Africa.pdf

48. OLALEYE, Adeniyi O. et al.

Assessing the Level of Preparedness of Private Health Providers for Clinical Management of HIV/AIDS Epidemic in Nassarawa State, Nigeria = Evaluation du niveau de préparation des dispensateurs privés de la santé en vue du traitement clinique de l'épidémie du VIH/SIDA dans l'Etat de Nassarawa, Nigéria

African Journal of Reproductive Health = La Revue Africaine de la Santé Reproductive, Vol. 10, N° 3, December 2006, p. 90-97

Abstract: Very little information is available on the extent to which the private health sector is involved in clinical management of HIV/AIDS in Nigeria. This study assessed the potentials and existing capacity of 15 private health facilities in Nassarawa state for clinical management of HIV/AIDS. Information was obtained from 25 staff (15 proprietors and 10 professionals) of the randomly selected health facilities in the state using structured questionnaire. Of the 15 health facilities, three provided voluntary counselling and testing (VCT), seven had never admitted persons living with HIV/AIDS (PLWHA), two provided laboratory services, none provided home-based care for PLWHAs, two had anti-retro-viral drugs in stock, two had rooms for counselling, three had full-time doctors, and six had registered nurses. Of the 25 health workers, 5 had skills/training in conducting VCT, 15 had skills in the treatment of opportunistic infections, 14 were aware of anti-retro-viral drugs and 13 did not feel comfortable attending to PLWHAs. The study recommended capacity building on HIV/AIDS related services for the private health- workers. (*AfrJ ReprodHealth* 2006; 10[3]:90-97)

Résumé : Evaluation du niveau de préparation des dispensateurs privés de la santé en vue du traitement clinique de l'épidémie du VIH/SIDA dans l'Etat de Nassarawa, Nigeria. Nous n'avons que très peu de renseignements sur l'étendue de l'implication du secteur de la santé privée dans le traitement du VIH/SIDA au Nigeria. Cette étude a évalué le potentiel et la capacité actuelle des 15 centres médicaux dans l'Etat sélectionnés au hasard à l'aide des questionnaires structurés. De 15 établissements de santé, 3 assuraient les services de conseil et de test volontaires (CTV), 7 n'ont jamais admis les personnes vivant avec le VIH/SIDA (PVVS), 2 assuraient des services de laboratoire, aucun n'assurait pas de services à la maison pour les PVVS, 2 avaient en stock les médicaments antirétroviraux, 2 disposaient de salles de conseil, 3 avaient des médecins à plein temps et 6 avaient des infirmières qualifiées. De 25 membres du personnel médical, 5 avaient le savoir-faire en matière de CTV, 15 étaient habilités par rapport au traitement des infections opportunistes, 14 étaient au courant de l'existence des médicaments antirétroviraux et 13 ne se sentaient pas à l'aise en s'occupant des ...

Source: <http://www.jstor.org/stable/30032475>

File: OLALEYE_Adeniyi O_Assessing the Level of Preparedness of Private Health.pdf

49. PHILLIPS, Susan P.

Including Gender in Public Health Research

Public Health Reports, Vol. 126, Supplement 3, September/October 2011, p. 16-21

Introduction: Diversity in both biological attributes and the external, lived environment gives rise to different susceptibilities, exposures, health outcomes, and longevity. Public policy can modify the effects of external differences, if groups at greatest risk are identified and pathways to excess vulnerability are understood, by rebalancing and redistributing the inputs or social determinants that work their way under the skin to ultimately cause biological disadvantage. In the past three decades, a large volume of research has identified the nature of these social determinants of health - including income, socioeconomic status (SES), income inequality, social connectedness, and social capital - and the pathways by which they undermine or reinforce innate health. Often listed among these, but rarely studied, is gender. Medical research may identify sex differences when they exist; however, the varied social roles, expectations, and constraints experienced by men and women in a given society go well beyond the individual and sex differences and are rarely examined as inputs responsible for variation in health outcomes. As a result, health-affirming policies tend to homogenize groups (e.g., assuming that all women are the same) or target individual behaviors, and do so in a gender-blind fashion rather than addressing structural biases and inequities that undermine those behaviors. This article explores the nature of gender as a determinant of health and describes how the effects of gender inequities can be included in health outcomes research that can then shape health planning and policy...

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File: PHILLIPS_Susan P_Including Gender in Public Health Research.pdf

50. PHILLIPS, Susan P.

Theory and methods: Measuring the health effects of gender

Journal of Epidemiology and Community Health, Vol. 62, N° 4, April 2008, p. 368-371

Abstract: The health effects of gender are mediated via group-level constraints of sex roles and norms, discrimination and marginalisation of individuals, and internalisation of the stresses of role discordance. Although gender is frequently a lens through which data are interpreted there are few composite measures that insert gender as an independent variable into research design. Instead, sex disaggregation of data is often conflated with gender, identifying statistically significant but sometimes clinically insignificant sex differences. To directly assess the impact of gender on wellbeing requires development of group and individual-level derived variables. At the ecological level such a summative variable could be composed of a selection of group-level measures of equality between sexes. This gender index could be used in ecological and individual-level studies of health outcomes. A quantitative indicator of gender role acceptance and of the personal effects of gender inequities could insert the often hidden variable of gender into individual-level clinical research.

Source: <http://www.jstor.org/stable/40665542>

File : PHILLIPS_SP_Theory and methods.pdf

51. PISON, Gilles ; KODIO, Belco; GUYAVARCH, Emmanuelle ; ETARD, Jean-François

La mortalité maternelle en milieu rural au Sénégal

Population (French Edition), Vol. 55, N° 6, November - December, 2000, p. 1003-1017

Résumé : Pouvoir accoucher en toute sécurité est une des dimensions essentielles de la <<santé reproductive >>. La Conférence d'Alma-Ata avait souligné en 1978 l'importance des soins de santé primaire, de préférence au développement de grandes infrastructures médicales : éducation aux problèmes de santé, suivi de la qualité de l'eau et de l'alimentation, vaccinations, mise à disposition de médicaments de base, etc. Pour l'accouchement, on met aujourd'hui l'accent sur la nécessité de centres bien équipés et spécialisés, mais à condition que le transport des futures parturientes puisse être assuré -quand c'est nécessaire- rapidement et en toute sécurité. Gilles PISON, Belco KODIO, Emmanuelle GUYAVARCH et Jean- François ETARD analysent ici des données collectées dans plusieurs zones rurales du Sénégal (où la mortalité maternelle est de l'ordre de 0,5 à 1 décès pour 100 accouchements) en comparant les conditions des accouchements dans les trois zones, qui dépendent de leurs équipements respectifs.

Source: <http://www.jstor.org/stable/1534925>

File: PISON_Gilles_La mortalite maternelle en milieu rural au Senegal.pdf

52. READ, Jen'nan Ghazal; GORMAN, Bridget K.

Gender and Health Inequality

Annual Review of Sociology, Vol. 36, 2010, p. 371-386

Abstract: This review synthesizes gender differences in U.S. health and systematically examines the attention that gender has received in the sociological literature on health disparities over the past three decades. Its goal is to map where we have been in order to identify new directions for sociological research. We begin by summarizing major differences in U.S. men's and women's health and by reviewing explanations for observed differences. We then assess the basis for this knowledge, namely publications in major sociology journals and funding by major granting agencies,

focusing on both the quantity and substantive content of this work. We couch the discussion in the broader framework of the analysis of gender in sociology and conclude with promising avenues for future work.

Source: <http://www.jstor.org/stable/25735083>

File: READ_Jennan Ghazal_Gender and Health Inequality.pdf

53. RETEL-LAURENTIN, Anne

Évaluation du rôle de certaines maladies dans l'infécondité. Un exemple africain
Population (French Edition), Vol. 33, N° 1, January- February 1978, p. 101-119

Résumé: Certaines populations africaines ont une faible fécondité en dépit de leurs aspirations natalistes. Ce phénomène étonnant est loin d'être exceptionnel en Afrique Noire. Si les taux de fécondité publiés sont élevés dans leur ensemble, c'est parce qu'ils portent sur des moyennes régionales ou nationales. Les écarts à la moyenne sont ainsi occultés, comme le montrent diverses études ponctuelles ou monographies.

Source: <http://www.jstor.org/stable/1531719>

File : RETEL-LAURENTIN_Anne_evaluation du role de certaines maladies.pdf

54. ROTH, Eric A.; FRATKIN, Elliot M.; NGUGI, Elizabeth N.; GLICKMAN, Barry W.

Female Education, Adolescent Sexuality and the Risk of Sexually Transmitted Infection in Ariaal Rendille Culture
Culture, Health & Sexuality, Vol. 3, N° 1, January - March 2001, p. 35-47

Abstract: For over 20 years, demographic analyses have shown female education associated with decreased fertility and infant/child mortality in sub-Saharan Africa. Far less studied are the pathways and overall effects of female education upon Sexually Transmitted Infections (STIs). An earlier 1996 study of one community of Ariaal Rendille pastoralists in Marsabit District of northern Kenya, suggested that female education may reduce the risk of STIs by removing educated adolescent women from the cultural tradition of pre-marital sexual relationships featuring early sexual debut and frequent partner change. Log-linear analysis of a 1998 sample of 127 adolescent women supports this model, with female education being negatively associated with the nykeri tradition. However, the full potential of female education for lowering STI risk may be negated by traditional Ariaal cultural patterns of differentially sending boys rather than girls to school.

Source: <http://www.jstor.org/stable/3986606>

File: ROTH_Eric A_Female Education Adolescent Sexuality.pdf

55. RWENGE MBURANO, Jean-Robert

Statut de la Femme et Utilisation des Condoms au Cameroun
African Journal of Reproductive Health = La Revue Africaine de la Santé Reproductive,
Vol. 7, N° 2, August 2003, p. 74-88

Résumé : Les raisons de la forte prévalence des MST/sida chez les femmes sont à la fois biologiques, économiques et sociales. Il importe alors de mener des études sur le statut des femmes et l'utilisation des condoms et d'élucider les mécanismes par lesquels la première variable influence la seconde; afin d'identifier les éléments à prendre en compte dans les programmes de prévention de ces maladies chez les femmes. En 2000, une enquête sur < (Culture, Genre, Comportements Sexuels et MST/sida) > a été menée au Cameroun, à Mbalmayo (Province du Centre) et Bafoussam (Province de l'Ouest), auprès de 1679 hommes et femmes âgés de 15-49 ans. Les modèles multivariés de régression logistique ont été utilisés pour montrer, entre autres, que le statut de la femme a un effet direct et un effet indirect sur l'utilisation des condoms, via l'écart d'âge entre partenaires, la fréquence de la discussion au sein du couple sur la sexualité et le processus de prise de décision. Les résultats obtenus confirment cette hypothèse. On devrait alors améliorer les rapports de communication au sein des couples et le pouvoir des femmes pour que la prévalence de l'utilisation des condoms augmente sensiblement chez les femmes camerounaises...

Abstract: The woman's status and condom use in Cameroun. The reasons for the high prevalence of STDs/HIV/AIDS among women are biological, economical and social. It is therefore necessary to carry out studies on the status of women and condom use in order to elucidate the mechanism through which the first variable affects the second. Such studies will also identify the elements to be taken into consideration in the prevention programmes of these diseases in women. In the year 2000, a survey on culture, gender, social behaviour and STDs/AIDS was conducted in Cameroun at Mbalmayo (Central Province) and at Bafoussam (Western Province) among 1679 men and women of 15-49 years old. Multivariate logistic regression models were used, among others, to show that the woman's status has direct and indirect effects on condom use via age disparity between partners, frequency of discussion among couples on sexuality and the process of decision-making. Results obtained confirm this hypothesis. Communication among couples as well as

women empowerment should, therefore, be improved as a strategy for considerably increasing the use of condom among Cameroonian women. One of the ways to achieve this is to improve their status...

Source: <http://www.jstor.org/stable/3583215>

File: RWENGE MBURANO, Jean-Robert_Statut de la Femme et Utilisation des Condoms au Cameroun.pdf

56. SAENZ, Carla

Affordability of health care: A gender-related problem and a gender-responsive solution

International Journal of Feminist Approaches to Bioethics, Vol. 4, N° 2, Fall 2011, p. 144-153

Abstract: Evidence shows that women have greater difficulty than men in affording health care. But what is it to afford health care? According to the reasonable trade off account of affordability, individuals can afford health care if paying for it does not require them to make tradeoffs that are not reasonable—that is, if in order to pay for health care they do not have to sacrifice something as important as having one's health covered. Unlike alternative accounts of affordability, which are empirically based and needs-based, the reasonable tradeoff account can solve the genuine affordability problems that both men and women experience, and close the gender gap in the affordability of health care.

Source: <http://www.jstor.org/stable/10.2979>

File: SAENZ_Carla_Affordability of health care.pdf

57. SICCHIA, Suzanne R.; MACLEAN, Heather

Globalization, Poverty and Women's Health: Mapping the Connections

Canadian Journal of Public Health / Revue Canadienne de Santé Publique, Vol. 97, N° 1, Special Issue, January/February 2006, p. 69-71

Abstract: Poverty and other forms of inequity undermine individual and population health and retard development. Although absolute poverty has reportedly declined in recent years,¹ research suggests that relative poverty or the gap between the rich and poor within and between countries has been exacerbated over this same period.² There is growing concern about the feminization of poverty, and the impact globalization is having on this important social problem. Gender inequality persists in all regions, and women and girls continue to be over-represented among the world's poor.² This suggests that women are not consistently benefitting from the economic, political and social gains globalization can offer. Instead, it appears that poor women and girls, particularly those living in developing countries, are disproportionately burdened by the costs of these swift changes to the detriment of their personal health and well-being.³ Immediate action is needed to correct these disparities and ensure that globalization supports both national and international commitments to poverty reduction, and the promotion of women's health and human rights.

Source: <http://www.jstor.org/stable/41994682>

File: SICCHIA_Suzanne R_Globalization Poverty and Womens Health.pdf

58. SMITH, Ina; WANG, Lin-Fa

Bats and their virome: an important source of emerging viruses capable of infecting humans

Abstract: Bats are being increasingly recognized as an important reservoir of zoonotic viruses of different families, including SARS coronavirus, Nipah virus, Hendra virus and Ebola virus. Several recent studies hypothesized that bats, an ancient group of flying mammals, are the major reservoir of several important RNA virus families from which other mammalian viruses of livestock and humans were derived. Although this hypothesis needs further investigation, the premise that bats carry a large number of viruses is commonly accepted. The question of whether bats have unique biological features making them ideal reservoir hosts has been the subject of several recent reviews. In this review, we will focus on the public health implications of bat derived zoonotic viral disease outbreaks, examine the drivers and risk factors of past disease outbreaks and outline research directions for better control of future disease events.

Source: https://scholar.google.com/scholar?start=10&q=ebola+transmission+%2B+animal+meat&hl=fr&as_sdt=0,5

File: SMITH, Ina_ Bats and their virome.pdf

59. SMITH, Mohga Kamal

Enhancing Gender Equity in Health Programmes: Monitoring and Evaluation

Gender and Development, Vol. 9, N° 2, July 2001, p. 95-105

Abstract: This article argues for the need to conduct monitoring and evaluation in health programmes and advocacy in a gender-sensitive way, to ensure that interventions fulfil their goal of improving public health, have a beneficial impact on women and on gender relations, and contribute towards human health and poverty eradication.

Source: <http://www.jstor.org/stable/4030592>

File: SMITH_Mohga Kamal_Enhancing Gender Equity in Health Programmes.pdf

60. TABUTIN, Dominique

La surmortalité féminine en Afrique du Nord de 1965 à nos jours: aspects descriptifs
Population (French Edition), Vol. 46, N° 4, July - August 1991, p. 833-854

Résumé : La surmortalité masculine est depuis longtemps générale dans le monde industriel; elle y touche tous les âges de la vie ; facteurs biologiques, modes de consommation, risques accidentels sont les plus couramment invoqués. La surmortalité des femmes dans de nombreux pays en développement a donc surpris, quand on a constaté qu'elle ne se limitait pas aux âges de forte mortalité maternelle. Il a fallu vérifier la qualité, souvent fragile, des données car un sous-enregistrement des femmes aux recensements est vraisemblable. La reprise des tables européennes du passé a alors rappelé l'existence d'un phénomène comparable autrefois, lorsque les espérances de vie étaient faibles. La condition sociale inférieure des femmes et des filles a été le plus souvent invoquée. Mais qu'en est-il maintenant que, dans bon nombre de régions, les mortalités fortes ont reculé ? Il faut multiplier les précautions pour analyser finement des risques de décès moins élevés et des différences entre hommes et femmes moins flagrantes, avec des observations toujours contestables; il faut aussi multiplier les comparaisons internationales pour asseoir quelques conclusions. Les explications ne peuvent venir qu'après ce travail minutieux, dont Dominique TABUTIN nous donne un exemple pour les pays d'Afrique du Nord.

Source: <http://www.jstor.org/stable/1533298>

File : TABUTIN_Dominique_La surmortalite feminine en Afrique du Nord.pdf

61. TIEHI, Tito Nestor

Les facteurs explicatifs de prévalence du VIH/SIDA en Afrique subsaharienne : expérience des pays de la CEDEAO

Introduction : L'Afrique subsaharienne est la région la plus mal lotie du monde sur le plan des services de santé. Cette région qui compte 11 pour cent de la population mondiale supporte 24 pour cent de la charge de morbidité mondiale et représente moins de 1 pour cent des dépenses mondiales de santé. Selon l'ONUSIDA (2010), dans cette région, rares sont les pays qui consacrent 34 à 40 dollars par habitant, c'est-à-dire le minimum nécessaire pour assurer des soins de base. Singulièrement, la situation sanitaire reste marquée par la prévalence du virus de l'immunodéficience humaine (VIH), cause de l'épidémie du syndrome d'immunodéficience acquise (SIDA). Trente ans après l'apparition de cette maladie, 22,4 millions de personnes sont infectées en Afrique subsaharienne et environ 1,4 million de gens en sont morts en 2008, contre 2,3 millions en 2004.

File : TIEHI_Tito Nestor_Les facteurs explicatifs de prévalence du VIH/SIDA.pdf

62. TIEHI, Tito Nestor

Activités des hôpitaux départementaux publics ivoiriens: une évaluation de l'efficacité technique par le bootstrap DEA

Résumé : Les hôpitaux départementaux ou hôpitaux généraux en Côte d'Ivoire, sont d'une très grande importance. Ils sont le pilier du système sanitaire puisque intermédiaire entre les centres de santé primaire et les établissements de référence (CHR et CHU).

Leur performance détermine donc celui du système en général. L'objet de cette étude est d'estimer l'efficacité technique de ces hôpitaux et de tester la stabilité des mesures obtenues. Pour ce faire, nous utilisons un modèle non paramétrique (Data Envelopment Analysis) pour estimer l'efficacité technique. Par la suite nous recourons à une approche bootstrap pour établir la robustesse des scores obtenus.

Source :

<http://www.africametrics.org/documents/conference07/Day%203/Session%208/Tiehi%20Technical%20efficiency%20French.pdf>

File : TIEHI_Tito Nestor_Activites des hopitaux departementaux publics ivoiriens.pdf

63. TIEHI, Tito Nestor

Determinants of HIV/AIDS Spread in West Africa: Does Public Corruption Matter?
International Journal of Developing Societies, Vol. 2, N° 2, 2013, p. 61-67

Abstract: ECOWAS countries, in addition to face increasing health problems related to HIV/AIDS epidemic, experience a high rate of public corruption. Health sector is particularly marked by corruption so that the prevalence seems to coexist with corruption. In this respect, our study aims to assess the influence of public corruption on the evolution of HIV/AIDS. Our econometric analysis of panel data shows that public corruption promotes expansion of HIV prevalence in ECOWAS countries. Besides, we find that literacy of the girl significantly contributes to reduce the prevalence in short run. In long run, the results indicate that the higher is the level of education the higher infection possibilities are while a higher number of health professionals and an increase in health expenditure retard the spread of the epidemic. From these results, we conclude that strategies for reducing prevalence of HIV/AIDS should be focused on the fight against corruption, improving education of young girl and a more efficient allocation of resources in health system.

Source: <http://www.worldscholars.org/index.php/ijds/article/view/355/pdf>

File: TIEHI_Tito Nestor_Determinants of HIV_AIDS Spread in West Africa.pdf

64. TOLHURST, Rachel; THEOBALD, Sally

Teaching about Gender, Health, and Communicable Disease: Experiences and Challenges
Gender and Development, Vol. 9, N° 2, July 2001, p. 74-86

Abstract: This article looks at the challenges and opportunities we have encountered while teaching a short course on gender, health, and communicable disease. The course is aimed at health policy-makers, planners, and managers from national ministries, international and national health organisations, and non-governmental organisations (NGOs). It ran for the first time in April 2000, with participants from Asia, Africa, and Europe. In this article, we explore some of the gender issues that arise in working to prevent and treat communicable disease, and discuss the process, materials, and concepts used in the course.

Source: <http://www.jstor.org/stable/4030590>

File : TOLHURST_Rachel_Teaching about Gender.pdf

65. TURSHEN, Meredith

Gender and Health

Journal of Public Health Policy, Vol. 28, N° 3, 2007, p. 319-321

Introduction: Feminists introduced the concept of gender several decades ago to distinguish between biological sex and the social construction of masculinity and femininity. This distinction has enabled health researchers to move beyond comparative analyses of male and female morbidity and mortality rates (though there is still room for improvement, as the breakdown of health statistics by sex is not universal beyond vital statistics). Researchers use the concept of gender to study the impact of women's status in society on their health and healthcare. It is not enough to know, for example, that women live longer than men (except in Afghanistan), or that women's deeper poverty limits their access to health services. We need to know the economic, social, and political mechanisms of prejudice and discrimination that lead to ill health and poor healthcare for women and men. The concept of gender has also opened up the fields of gay and lesbian health research and led to the study of the transgendered...

Source: Stable URL: <http://www.jstor.org/stable/4498968>

File: TURSHEN_Meredeth_Gender and Health.pdf

66. UMEH, Davidson; EJIKE, Florence

The Role of NGOs in HIV/AIDS Prevention in Nigeria

Dialectical Anthropology, Vol. 28, N° 3/4, 2004, p. 339-352

Abstract: The HIV/AIDS pandemic data in Nigeria indicates that 3.5 million Nigerians have HIV/AIDS. The Obasanjo administration's National Action Committee on AIDS is uncoordinated and lacks commitment as indicated by the shortage of antiretroviral drugs, corruption and administration of expired drugs. NGOs combating the spread of HIV in Nigeria attempt to reach many community groups, religious, women's, youth and men's organizations. The increased awareness about HIV/AIDS through promotion of public discourse has helped people to take positive action toward prevention of HIV infection.

Source: <http://www.jstor.org/stable/29790718>

File: UMEH_Davidson_Role of NGOs in HIV_AIDS Prevention in Nigeria.pdf

67. VANGEENDERHUYSEN, Charles; SOULEY, Fatimata Laminou

La Grossesse Chez la célibataire à Niamey (Niger)

African Journal of Reproductive Health = La Revue Africaine de la Santé Reproductive, Vol. 5, N° 2, August 2001, p. 98-104

Résumé: L'objectif de ce travail est de décrire le profil socio-économique de la femme célibataire enceinte et de préciser l'influence de ce statut sur la grossesse et l'accouchement. Entre avril 1995 et février 1996, une enquête prospective en population à Niamey a permis de sélectionner 181 femmes célibataires enceintes, que nous avons comparé avec des femmes mariées de même âge, de parité identique et résidant dans le même quartier. Les tests de Mc Nemar et de Wilcoxon ont été utilisés. Parallèlement, des entretiens qualitatifs ouverts ont été menés avec les patientes et le personnel de santé. Les célibataires représentent 6,1% de la population des femmes enceintes. L'âge médian est de 19 ans, et 72% sont primipares. Elles sont bien intégrées dans leur quartier et sont le plus souvent scolarisées. 24% ont une activité professionnelle, mais 31% ne disposent d'aucun revenu. Les célibataires se présentent moins fréquemment et plus tardivement à la consultation prénatale que les femmes mariées. Elles prennent plus rarement un traitement martial préventif. Les modalités d'accouchement sont identiques, mais le risque d'accoucher de nouveau-nés de faible poids de naissance est multiplié par 2,4. Enfin, la connaissance des méthodes contraceptives et des lieux de prescription sont identiques, mais les pratiques sont plus fréquentes chez les célibataires. (Rev Afr Santi Reprod 2001; 512]:98-104)

Abstract: Pregnancy among single women in Niamey (Niger). The objectives of this study are to describe the socio-economic profile of single mothers and to specify the influence of this status on pregnancy and delivery. Between April 1995 and February 1996, a cohort study in Niamey allowed the selection of 181 single mothers, matched by age and parity with married pregnant women living in the same district. We used the McNemar's and Wilcoxon's statistic tests. In parallel, qualitative open interviews were conducted with patients and health care providers. Single mothers represent 6.1% of the study population. The median age was 19 years and 72% were primiparas. They received some level of education, at least primary and were well integrated in their districts. Twenty four per cent were employed and 31% had no income. Single mothers' attendance and punctuality at prenatal care centre were not as good as married women and also as their compliance with iron prophylactic treatment. The mode of delivery was identical but the risk of low birthweight infant was 2.4 more frequent in single mothers. Finally, knowledge of contraceptive methods and access to them were identical, but single mothers used them more frequently than married women. (AfrJ Reprod Health 2001; 5[2]:98-104)

Source: <http://www.jstor.org/stable/3583435>

File : VANGEENDERHUYSEN, Charles_Grossesse Chez la Célibataire à Niamey.pdf

68. VLASSOFF, Carol

Gender Differences in Determinants and Consequences of Health and Illness

Journal of Health, Population and Nutrition, Vol. 25, N° 1, March 2007, p. 47-61

Abstract: This paper uses a framework developed for gender and tropical diseases for the analysis of non-communicable diseases and conditions in developing and industrialized countries. The framework illustrates that gender interacts with the social, economic and biological determinants and consequences of tropical diseases to create different health outcomes for males and females. Whereas the framework was previously limited to developing countries where tropical infectious diseases are more prevalent, the present paper demonstrates that gender has an important effect on the determinants and consequences of health and illness in industrialized countries as well. This paper reviews a large number of studies on the interaction between gender and the determinants and consequences of chronic diseases and shows how these interactions result in different approaches to prevention, treatment, and coping with illness. Specific examples of chronic diseases are discussed in each section with respect to both developing and industrialized countries.

Source: <http://www.jstor.org/stable/23499451>

File : VLASSOFF_Carol_Gender Differences in Determinants.pdf

69. WARREN, Mitchell; PHILPOTT, Anne

Expanding Safer Sex Options: Introducing the Female Condom into National Programmes

Reproductive Health Matters, Vol. 11, N° 21, May, 2003, p. 130-139

Abstract: Although the female condom has been introduced into over 90 countries since 1997, it has only been accepted in sexual and reproductive health programmes as a mainstream method in a few. This paper describes introductory strategies developed by Ministries of Health and non-governmental organisations in Brazil, Ghana, Zimbabwe and South Africa, supported by UNAIDS, and the manufacturers of the female condom, which have significantly expanded the number of female condoms being used. These projects have several key similarities: a focus on training for providers and peer educators, face-to-face communication with potential users to equip them with

information and skills, an identified target audience, a consistent supply, a long assessment period to gauge actual use beyond the initial novelty phase, and a mix of public and private sector distribution. Female condom programmes require the sanction, leadership and funding of governments and donors. However, the non-governmental and private sectors have also played a major role in programme implementation. To ensure successful introduction of the female condom, it is crucial to involve a range of decision-makers, programme managers, service providers, community leaders and women's and youth groups. The rising cost of inaction and unprotected sex in the spread of HIV and AIDS force us to recognise the high cost of not providing female condoms alongside male condoms in family planning and AIDS prevention programmes.

Source: <http://www.jstor.org/stable/3776677>

File: WARREN_Mitchell_Expanding Safer Sex Options.pdf

70. WHO, Geneva

Considerations regarding Re-Use of the Female Condom: Information Update, 10 July 2002
Reproductive Health Matters, Vol. 10, N° 20, November 2002, p. 182-186

Abstract: The World Health Organization (WHO) recommends use of a new male or female condom for every act of intercourse where there is a risk of unplanned pregnancy and/or sexually transmitted infection, including HIV. Since access to female condoms may be limited and re-use of female condoms has been reported, WHO has convened two consultations to address considerations regarding such re-use. Based on these consultations, WHO does not recommend or promote re-use of female condoms. Recognizing the urgent need for risk-reduction strategies for women who cannot or do not access new condoms, the consultation developed a draft protocol for safe handling and preparation of female condoms intended for re-use. This protocol, outlined in this paper, is based on the best available evidence, but has not yet been extensively studied for safety or evaluated for efficacy in human use. Given the diversity of cultural and social contexts and personal circumstances under which female condom re-use may be acceptable, feasible and safe, and since the balance of risks and benefits varies according to individual settings, the final decision on whether or not to support re-use of the female condom must ultimately be taken locally. WHO continues to support research on female condom re-use and will disseminate relevant information, study results and guidelines for policy makers as additional data on re-use become available.

Source: <http://www.jstor.org/stable/3776340>

File: WHO_Considerations regarding Re-Use of the Female Condom.pdf

71. ZINSOU, C.P. ; FOURN, L. ; ZOHOUN, T.

Aspects épidémiologiques des cancers au Centre national hospitalier et universitaire de Cotonou

Résumé : Il s'agit d'une étude rétrospective réalisée dans le but de mesurer la fréquence des cancers de toute origine au Centre National Universitaire de Cotonou durant la période 1986 - 1988.

Les auteurs rapportent que la fréquence globale des cancers est de 1,30% avec une propension des cas jusqu'à 55 ans et une importante inflexion par la suite.

Les cancers digestifs sont les plus fréquents, deux hommes sont atteints pour une femme, en tête le cancer primitif du foie (16,90%).

Le cancer du sein occupe la seconde place (13,81%). Sur la base des fréquences relatives, les auteurs ont identifié les 10 premiers cancers qui affectent la population.

Le cas particulier des enfants fait remarquer un taux élevé dans la tranche d'âge de 0 à 4 ans avec une prédominance des néphroblastomes et des rétinoblastomes.

Au rang des suggestions, la mise en place d'un registre national des cancers au Bénin apparaît comme un outil efficace pour la surveillance épidémiologique de cette affection.

Source : <http://www.santetropicale.com/Resume/53701.pdf>

File : ZINSOU_C.P_ Aspects épidémiologiques des cancers.pdf

PART III / 3^{ème} PARTIE

ANNEXES

Announcement / Annonce

III - Annexes: Announcement/Annonce

CODESRIA 2016 GENDER INSTITUTE

Theme: Gender, Diseases and Public Health Governance in Africa

Date: 04th -15th July, 2016

Venue: Dakar, Senegal

Call for Applications

The Council for the Development of Social Science Research in Africa (CODESRIA) is pleased to announce the 2016 session of its annual Gender Institute. It invites researchers to submit their applications for participation in this Institute to be held from **4th to 15th of July, 2016** in Dakar, Senegal.

Launched in 1994 by CODESRIA, the Gender Institute is an interdisciplinary forum which brings every year together about fifteen researchers from various parts of the continent and the Diaspora, as well as some non-African scholars who are undertaking innovative research on topics related to the general theme of Gender. Initially aimed at promoting widespread awareness of the concept of gender in the social science research community, the Institute has subsequently been organized around specific themes designed to strengthen the integration of gender analysis into social science research in Africa and encourage the emergence of a community of researchers versed in the field of gender studies.

Organization

The sessions are led by a scientific director who, with the support of the selected resource persons, ensures that the laureates are exposed to a wide range of research and policy issues. Each laureate is required to prepare a research paper to be presented during the session. The revised versions of such papers will undergo a peer review for publication by CODESRIA. The CODESRIA Documentation and Information Centre (CODICE) will provide participants with a comprehensive bibliography on the theme of the Institute. Access to a number of documentation centers in and around Dakar will also be facilitated.

Languages

The CODESRIA Gender Institute will be held in French and in English through simultaneous translation.

2016 Session Theme: Gender, Diseases and Public Health Governance in Africa

The re-emergence of a more virulent strain of the Ebola Haemorrhagic Fever (EHF) in West Africa in 2014 has brought to light some key issues of public health governance in Africa. One such issue is the gendered nature of epidemic-prone infectious diseases in Africa. Current epidemiological statistics on Ebola indicate that though the initial cases were predominantly male, the disease is slowly becoming a female epidemic in the affected countries in Africa. This gendered pattern of female vulnerability to disease in its progression and as it progresses in the population, mirrors that of the HIV/AIDS pandemic which started globally as a male disease and metamorphosed in Africa to become a major female pandemic. In the high HIV prevalence countries of Southern Africa, HIV infection rates among 15-19 year old females are sometimes five times higher compared to males in the same age groups.

But while heterosexual transmission provides a plausible explanation for the gendered nature of some diseases, a review of other “tropical diseases” like malaria, schistosomiasis and even trachoma suggests that female vulnerability to diseases in Africa may extend to diseases that are not sexually transmitted.

For many years, researchers have reported that more African men than women presented at health centres for treatment of malaria, thus concluding that malaria prevalence was higher among men than women. However, work by Sims, 1994 suggests that infection rates among female and children are similar to those of men, but time and mobility constraints and other engagements discourage women from attending clinics. Familiarity with malaria symptoms especially in high endemic areas may lead women to engage in home treatment of malaria for themselves and the children. Thus, statistics showing high rates of malaria among males may actually reflect gender differences in health service use rather than differences in prevalence.

McGregor, 1984 argues that a major gender difference relating to malaria is to do with the severity of the consequences of the disease. Malaria among women during pregnancy can have very detrimental health consequences and may lead to the development of chronic anaemia which is a far more severe outcome than in men.

Gender, Diseases and Public Health Governance in Africa

Michelson (1992) focussing on another common “tropical disease” schistosomiasis, found that in Nigeria, the prevalence of schistosomiasis peaked among females aged 5-15 and prevalence remains high compared to that of males because young females engage in gender roles that continuously exposure to water.

Vlassoff and Bonilla, 1994, question whether the excessive focus on women’s reproductive services in Africa leads to loss of opportunities in the detection of other diseases. So the way public health facilities are organised, the whole maternal and child health focus creates some illusion that the only diseases that women suffer from are those related to reproduction.

Understanding gender and diseases has serious implications for governance of public health in Africa. Governance of public health in Africa relates to more than just the role of government. It includes a diverse number of players who influence health outcomes. Governance includes the role of family, patriarchy, culture and community in determining exposure to disease. Governance includes national government, international NGOs and global health experts who all influence disease outcomes of people in Africa. The relationship between gender, disease and governance of public health raises some key questions which this Institute will explore?

1. Why are African females vulnerable to disease? What is it about femaleness or maleness that leads to differences in exposure to disease? Can public governance *at any level* work effectively without acknowledging that femaleness and maleness matters for disease exposure and disease prevention in Africa?
2. What is the role of family, culture and patriarchy in the creation of gender differences in the use of health facilities? How does this impact on governance of public health in Africa?
3. Can national governments provide policies for disease prevention without addressing the gendered nature of diseases in Africa? In what ways can health priorities be set from a gender perspective?
4. At global level why is it that global statistics on diseases in Africa are not published by gender? What are the implications of this global absence of data for our understanding of gender and disease in Africa? What role does the global governance of public health influence Africa’s own public health governance?

By linking the various levels of public health governance and gender it is clear that the main question that the gender institute is actually addressing is “In Africa, ***is it the diseases that are gendered or is it the governance of public health which is gendered?***”

The Director

Ravayi Marindo of Curtin School of Public Health (Western Australia) will be the director of the 2016 Gender Institute on ***Gender, Diseases and Public Health Governance in Africa***. The Director of the Institute will carry out the following tasks:

- Participate in the selection of laureates and the identification of appropriate resource persons;
- Interact with resource persons and laureates towards adequate preparation for the Institute;
- Design the courses for the session, including the specification of sub-themes;
- Deliver a set of lectures and conduct a critical analysis of the papers presented by resource persons and laureates;
- Submit a written scientific report on the session;
- The Director will 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. He will also assist CODESRIA in assessing the papers presented by laureates during the Institute for publication.

Resource Persons

The CODESRIA 2016 Gender institute calls for applications for senior scholars to work as resource persons for the institute. Applicants must have a PhD and are expected to have at least five publications related to at least 5 publications in the area of gender, health or health policies.

- a) If their expertise is not in the area of *gender and disease/health*, then they should have published on *gender theory or feminist theory*.
- b) Resources person must have published in the area of health in Africa in which gender is a component. Such resources persons will be expected to have knowledge of various *theories of health*.
- c) Resources persons who have published in the area of health policy in Africa will also be considered. It is the expectation of the Institute that such resource person would have published some work related to *governance of public health* in Africa.

Genre, maladies et gouvernance de la santé publique en Afrique

Lectures to be delivered during the session are intended to offer laureates an opportunity to advance their reflections on the theme of the Institute. The resource persons will be expected to produce lecture materials which would stimulate laureates to engage in discussion and debate around their respective lectures and the general body of literature available on the theme.

Once selected, resource persons must:

- Interact with the Director of the Institute and the laureates to help the latter readjust their research questions and their methodological approaches;
- Submit a copy of their course materials for reproduction and distribution to participants no later than one week before they deliver their lectures;
- Deliver their lectures, participate in debates and comment on the research proposals and the papers of the laureates;
- Review and submit the revised version of their lecture notes or research papers for publication by CODESRIA not later than two months following their presentation at the Institute.

Applications for the position of resource person should include:

1. An application letter;
2. A curriculum vitae;
3. Two (2) published papers;
4. A proposal of not more than five (5) pages in length, outlining the issues to be covered in the **three (3) proposed lectures**, including one on methodological issues;

Laureates

Applicants should be PhD candidates or scholars in their early career with a proven capacity to conduct research on the theme of the Institute. Intellectuals active in the policy process and/or social movements and civil society organizations are also encouraged to apply. The number of places offered by CODESRIA for this session is limited to ten (10). Non-African scholars who are able to raise funds for their participation may also apply for a limited number of places.

Applicants' proposals must bring together the three components of the topic: gender, diseases and governance of public health in Africa. The proposed work can be based on empirical studies including field work using quantitative or qualitative methodologies; analytical work involving analysis of existing data or case studies. All work must have some theoretical grounding. Papers can be from any social science discipline including gender studies, sociology, anthropology, demography, economics; or health sciences like epidemiology or biostatistics. Scholars are encouraged to show through their work the way in which gender, diseases and public health governance are linked.

Applications for the position of laureate should include:

1. One duly completed application form;
2. An application letter;
3. A letter indicating institutional or organizational affiliation;
4. A curriculum vitae;
5. A research proposal not more than ten (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, the relationship of the topic to the problematic and concerns of the 2016 Gender Institute ;
6. Two (2) reference letters from scholars or researchers known for their competence and expertise in the candidate's research area (geographic and disciplinary), including their names, addresses, telephone numbers and email addresses;
7. A copy of the passport.

Applications Deadline

The deadline for submission of applications is **15th April, 2016**. The laureates will be notified of the results of the selection in early **May 2016**. They will thus be able to use the rest of the month of May to gather field information and improve their draft research report to be presented at the Institute. The laureates will be required to work on the document and prepare it for publication after the Institute.

Submission of Applications

All applications should be sent electronically to: gender.institute@codesria.sn.

For specific questions, please contact:

CODESRIA GENDER INSTITUTE

Avenue Cheikh Anta Diop x Canal IV, BP 3304, CP 18524, Dakar, Senegal

Tel.: (221) 33 825 98 21/22/23

Email: gender.institute@codesria.sn - Website: <http://www.codesria.org/>

Facebook: <http://www.facebook.com/pages/CODESRIA/181817969495>

Twitter: <http://twitter.com/codesria>

INSTITUT SUR LE GENRE DU CODESRIA 2016

Thème : Genre, maladies et gouvernance de la santé publique en Afrique

Date : **04-15 juillet 2016**

Lieu : Dakar, Sénégal

Appel à candidatures, session 2016

Le Conseil pour le développement de la recherche en sciences sociales en Afrique (CODESRIA) a le plaisir d'annoncer la session 2016 de son Institut annuel sur le Genre. Il invite les chercheurs à soumettre leurs candidatures afin de participer à cet Institut devant se dérouler du **4 au 15 juillet 2016** à Dakar (Sénégal).

Lancé en 1994, l'Institut sur le Genre est un forum pluridisciplinaire qui réunit chaque année une quinzaine de chercheurs venant des différentes régions du continent et de la diaspora, ainsi que quelques chercheurs non africains qui entreprennent des recherches innovantes sur le thème du Genre. Visant, à ses débuts, la promotion d'une conscience généralisée du genre dans la communauté de recherche en sciences sociales, cet Institut a, par la suite, été organisé autour de thèmes spécifiques destinés à renforcer l'intégration de l'analyse de genre dans la recherche en sciences sociales en Afrique et à favoriser l'émergence d'une communauté de chercheurs dans le domaine des études sur le genre.

Organisation

Les sessions de l'Institut sont dirigées par un directeur scientifique qui, avec le soutien de personnes ressources, s'assure qu'un large éventail de recherches et de questions politiques est exposé aux lauréats. Chaque lauréat doit rédiger un article découlant d'un travail de recherche destiné à être présenté durant l'Institut. La version révisée de l'article fera l'objet d'une évaluation par les pairs en vue de sa publication par le CODESRIA. Le Centre de documentation et d'information du CODESRIA (CODICE) mettra à la disposition des participants une bibliographie aussi complète que possible sur le thème de l'Institut. Les participants auront également la possibilité d'accéder à un certain nombre de centres de documentation de Dakar et ses environs.

Langues de travail

L'Institut sur le genre du CODESRIA se tiendra en français et en anglais par le biais d'un système de traduction simultanée.

Thème de la Session 2016 : Genre, maladies et gouvernance de la santé publique en Afrique

La résurgence, en Afrique de l'Ouest, en 2014, d'une souche plus virulente de la fièvre hémorragique à virus Ebola a mis en évidence certaines des principales questions qui touchent à la gouvernance de la santé publique en Afrique. L'une de ces questions se rapporte à la nature sexospécifique des maladies épidémiques en Afrique. En effet, il ressort des statistiques épidémiologiques actuelles relatives à Ebola que, même si les premiers cas concernaient essentiellement des hommes, la maladie revêt progressivement un visage féminin dans les pays d'Afrique touchés par cette affection. Cette nature sexospécifique de la vulnérabilité féminine à la maladie au fur et à mesure de sa progression et de sa maturation dans la population est comparable à celle de la pandémie du VIH/SIDA qui, ayant commencé dans le monde comme une maladie spécifiquement masculine, s'est ensuite transformée en pandémie essentiellement féminine. Dans les pays d'Afrique australe à forte prévalence du VIH, les taux d'infection par le VIH sont parfois 5 fois plus élevés chez les femmes de 15 à 19 ans que chez les hommes de la même tranche d'âge.

Cependant, si la transmission hétérosexuelle est une explication plausible de la féminisation de certaines affections, une étude des autres « maladies tropicales », comme le paludisme, la schistosomiase, voire le trachome, laisse à penser que la vulnérabilité féminine aux maladies en Afrique touche des maladies qui ne sont pas sexuellement transmissibles.

Pendant de nombreuses années, les chercheurs ont relevé que les centres de santé recevaient plus d'hommes que de femmes atteints de paludisme, ce qui les amenait à conclure que la prévalence du paludisme était plus importante chez les hommes que chez les femmes. Cependant, selon les travaux de Sims (1994), les taux d'infection des femmes et des enfants sont comparables à ceux des hommes, mais, du fait des contraintes de temps et de mobilité et d'autres engagements, les femmes ont plus de difficultés à se rendre dans les structures de santé. La connaissance des symptômes du paludisme, en particulier dans les zones fortement endémiques, peut inciter les femmes à recourir à un traitement à domicile pour elles-mêmes et pour leurs enfants. Ainsi, les statistiques qui rendent compte de taux élevés d'accès palustres chez les hommes peuvent, en réalité, s'expliquer par des différences sexospécifiques en termes d'utilisation des services de santé et non par des taux de prévalence différents.

Genre, maladies et gouvernance de la santé publique en Afrique

De l'avis de McGregor (1984), une des importantes différences sexospécifiques relatives au paludisme touche à la gravité des conséquences de la maladie. Le paludisme qui frappe les femmes enceintes peut avoir de lourdes conséquences sur leur santé et engendrer une anémie chronique, ce qui constitue une aggravation dans l'évolution de la maladie.

Selon Michelson (1992), qui s'est intéressé à une autre « maladie tropicale », la schistosomiase, la prévalence de cette pathologie au Nigeria a connu une forte progression chez les filles âgées de 5 à 15 ans et demeure très élevée par rapport aux taux de prévalence enregistrés chez les hommes, les rôles sexospécifiques assignés aux jeunes femmes exposant constamment ces dernières à la consommation d'une eau impure.

Vlassoff et Bonilla (1994) se demandent si la très grande focalisation sur les services liés à la santé de la reproduction des femmes en Afrique n'hypothèque pas la possibilité de détection d'autres maladies. Compte tenu de la façon dont les structures de santé publique sont organisées, la priorité accordée à la santé maternelle et infantile donne l'illusion que les seules affections qui touchent les femmes sont liées à la reproduction.

La compréhension du genre et des maladies a de profondes implications sur la gouvernance de la santé publique en Afrique. La gouvernance de la santé publique en Afrique va au-delà du rôle du gouvernement. Elle intègre un nombre varié d'acteurs qui influent sur les résultats en matière de santé. La gouvernance s'intéresse également au rôle de la famille, au patriarcat, à la culture et à la communauté pour déterminer le degré d'exposition à la maladie. La gouvernance intègre le gouvernement national, les ONG internationales et les experts internationaux de la santé, qui ont tous une influence sur l'évolution de la santé des populations en Afrique. La relation entre le genre, les maladies et la gouvernance de la santé publique soulève quelques questions majeures que l'Institut envisage d'examiner.

1. Pourquoi les Africaines sont-elles vulnérables aux maladies ? Quels facteurs expliquent les différents niveaux d'exposition des femmes et des hommes aux maladies ? La gouvernance publique peut-elle se révéler efficace *à tout niveau*, sans prendre en compte le rôle que joue le genre dans l'exposition à la maladie et dans la prévention des affections en Afrique ?
2. Quel est le rôle de la famille, de la culture et du patriarcat dans l'apparition de différences sexospécifiques dans l'utilisation des structures de santé ? Comment cette réalité influe-t-elle sur la gouvernance de la santé publique en Afrique ?
3. Les gouvernements nationaux peuvent-ils définir les politiques de prévention des maladies sans se préoccuper de la relation entre le genre et les maladies en Afrique ? De quelle manière les priorités en matière de santé peuvent-elles être définies en tenant compte de la dimension genre ?
4. Au niveau mondial, pourquoi les statistiques internationales relatives aux maladies en Afrique ne sont-elles pas publiées par genre ? Quelles sont les implications de cette absence, au niveau mondial, des données qui nous permettent de comprendre le genre et les maladies en Afrique ? Comment la gouvernance mondiale de la santé publique influe-t-elle sur la gouvernance de la santé publique en Afrique ?

En faisant le lien entre les différents niveaux de la gouvernance de la santé publique et le genre, il apparaît clairement que la principale question à laquelle l'Institut du Genre tente présentement de trouver une réponse est la suivante : « En Afrique, *doit-on dire que ce sont les maladies qui sont sexospécifiques ou plutôt que c'est la gouvernance de la santé publique qui est sexospécifique ?* »

Le Directeur

La session 2016 de l'Institut sur le genre portant sur « **Genre, maladies et gouvernance de la santé publique en Afrique** », sera dirigée par Ravayi Marindo (Curtin School of Public Health, Western Australia). En tant que Directrice de l'Institut, elle assurera les tâches suivantes :

- Participer à la sélection des lauréats et à l'identification de personnes ressources appropriées;
- Interagir avec les personnes ressources et les lauréats pour une préparation adéquate de l'Institut;
- Concevoir les cours de la session, notamment les sous-thèmes spécifiques ;
- Faire une série de conférences et mener une analyse critique des communications présentées par les personnes ressources et les lauréats ;
- Rédiger et soumettre un rapport scientifique relatif à l'institut;
- Editer les versions révisées des communications présentées par les personnes ressources, en vue de leur publication dans l'une des collections du CODESRIA. Pour la publication, la Directrice devra également assister le CODESRIA dans l'évaluation des communications présentées par les lauréats au cours de l'Institut.

Gender, Diseases and Public Health Governance in Africa

Les personnes ressources

Le CODESRIA invite les chercheurs séniors à déposer leur candidature pour cette session de l'Institut sur le genre. Les candidats doivent avoir un doctorat et au moins cinq publications relatives au genre, à la santé et aux politiques de santé.

- a) Si leur domaine de compétence n'est pas *le genre et la maladie / la santé*, ils doivent néanmoins avoir publié sur *la théorie du genre ou la théorie féministe*.
- b) Les personnes ressources doivent avoir des publications dans le domaine de la santé en Afrique avec une prise en compte de la composante genre. Il est attendu de telles personnes ressources qu'elles aient connaissance des *différentes théories de la santé*.
- c) Les personnes ressources ayant publié dans le domaine de la politique de santé en Afrique seront aussi prises en compte. Une des attentes de l'Institut est que ces personnes ressources aient fait des travaux dans le domaine de *la gouvernance de la santé publique en Afrique*.

Les cours dispensés durant l'Institut sont destinés à offrir aux lauréats l'occasion d'approfondir leurs réflexions sur le thème. Les personnes ressources doivent, par conséquent, être des universitaires ou des chercheurs confirmés qui ont beaucoup publié sur le sujet, et qui ont une contribution importante à apporter aux débats. Elles devront produire des supports écrits qui inciteront les lauréats à engager la discussion et le débat sur leurs présentations ainsi que sur toute la documentation disponible sur le thème.

Une fois sélectionnées, les personnes ressources devront :

- Interagir avec le directeur de l'Institut et les lauréats afin d'aider ces derniers à réajuster leurs questions de recherche et leurs approches méthodologiques ;
- Soumettre un exemplaire de leurs supports de cours pour reproduction et distribution aux participants au plus tard une semaine avant la présentation de leurs exposés ;
- Présenter leur exposé, participer aux débats et commenter les propositions de recherche et les articles des lauréats ;
- Réviser et soumettre un article basé sur leurs notes de cours pour publication par le CODESRIA, au plus tard deux mois après l'Institut.

Les dossiers de candidature des personnes ressources doivent comprendre :

1. Une lettre de candidature ;
2. Un curriculum vitae ;
3. Deux (2) articles publiés
4. Une proposition de cinq (5) pages au plus, décrivant les questions qui seront couvertes dans leurs **trois (3) exposés** dont un portant sur les questions de méthodologie ;

Les lauréats

Les candidats doivent être des étudiants en doctorat ou des universitaires en début de carrière, ayant une capacité prouvée à faire de la recherche sur le thème de l'Institut. Les intellectuels actifs dans le processus politique et/ou dans les mouvements sociaux et les organisations de la société civile sont également encouragés à se porter candidats. Le nombre de places offertes par le CODESRIA pour cette session est limité à dix (10). Les chercheurs non-africains qui peuvent financer leur participation peuvent également faire acte de candidature sous réserve des places disponibles.

Les propositions devront prendre en charge les trois dimensions du thème : genre, maladies et gouvernance de la santé publique en Afrique. La recherche proposée peut être basée sur des études empiriques incluant le travail de terrain utilisant les méthodes quantitatives et qualitatives, le travail analytique impliquant l'analyse des données existantes ou des études de cas. Chaque recherche devra avoir une assise théorique. Les propositions devront relever de toutes les disciplines des sciences sociales incluant les études de genre, la sociologie, l'anthropologie, la démographie, les sciences économiques ; ou les sciences médicales comme l'épidémiologie ou les biostatistiques. Les chercheurs seront encouragés à montrer, à travers leurs recherches, les interconnexions entre le genre, les maladies et la gouvernance de la santé publique.

Les dossiers de candidature des lauréats doivent comprendre :

1. Un formulaire de candidature dûment rempli ;
2. Une demande de candidature ;
3. Une lettre attestant de l'affiliation institutionnelle ou organisationnelle ;
4. Un curriculum vitae ;
5. Une proposition de recherche de dix (10) pages au plus, comprenant une analyse descriptive du travail que le candidat veut entreprendre, un résumé exposant l'intérêt théorique du thème choisi par le candidat, la relation entre le sujet et la problématique et les centres d'intérêt pris en compte par le thème de l'Institut 2016 ;
6. Deux (2) lettres de référence provenant d'universitaires ou de chercheurs connus pour leur compétence et leur expertise dans le domaine de recherche du candidat (du point de vue géographique et concernant la discipline), avec leurs noms, adresses, numéros de téléphone et adresses électroniques.
7. Une copie du passeport.

Genre, maladies et gouvernance de la santé publique en Afrique

Date limite de soumission des candidatures

La date limite de soumission des candidatures est fixée au **15 avril 2016**. Les lauréats seront informés du résultat de la sélection en début **mai 2016**. Ils pourront ainsi utiliser le reste du mois de mai pour recueillir de l'information sur leur terrain et améliorer le projet de rapport de recherche à présenter lors de l'Institut. Les lauréats seront appelés à travailler sur ce document et le préparer pour publication après l'Institut.

Soumission des candidatures

Toutes les demandes de candidature et les questions spécifiques devront être adressées de façon électronique à :

CODESRIA

INSTITUT SUR LE GENRE

Avenue Cheikh Anta Diop x Canal IV, BP 3304, CP 18524, Dakar, Sénégal

Tél. : (221) 33 825 98 21/22/23

Email: gender.institute@codesria.sn

Website: <http://www.codesria.org/>

Facebook: <http://www.facebook.com/pages/CODESRIA/181817969495>

Twitter: <http://twitter.com/codesria>