

GLOBALIZATION AND HEALTH OF THE POOR IN AFRICA

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Introduction

Change is accelerating at an unprecedented rate at present. Globalization is but one aspect of changed linking people's lives, more deeply, more intensely and more immediately than before. However, Globalization is a process integrating not just the economy, but culture technology and governance(1).

It is now evident that the prevailing economic conditions, highly affected by the structural adjustment policies in most third world countries- result in a wakening of the health sector.

Public- sector Drug budgets are often too small to procure low- cost, essential Drug for the sufficient quantities of population in need, yet these budgets can consume 30- 50 percent of the total health Expenditure of many third Drugs that reach the people is undeveloped(2).

Further more we observe that the new GATT/WTO agreement leads to an erosion of the sourcing decision-making power of national governments in respect of intellectual property rights, ,control over Drug prices, tariffs and duties, subsidies for the health- care system, and the scope of public intervention in the pharmaceuticals market(3).

These effects will be more evident with a full onslaught of globalization, particularly in areas such as different forces of access of the poor to overseas

manufactured Drugs, the mobility of health personnel and the increasing cost of health care.

However, despite- the anticipated benefits of globalization with respect to global markets, global technology, global ideas and global solidarity, which can enrich the lives of many third world peoples.

As many analysts argue, the main challenge by globalization is that of how a balance can stroke between "marketzation" and "social obligation".

These organizations should incorporate the existing social fabric in African countries, not rupture it.

The 1999 Human development Report States that:

"One big development in opening opportunities for people to participate in global governance has been the growing strength and influence of NGO'S- in both the North and the South . NGO'S have been effective advocates for human development, maintaining pressure on national governments, international agencies and corporation to live up to commitments and to protect human rights and environmental standards".

This rosy picture, however, cannot be actualized in many African countries at present. Institutional and coordinative weaknesses hinder African NGO'S from carrying out their developmental takes properly. Ostensibly, the present or anticipated changing social and the

more elaborate role to be one of the big areas of activity will be how to cater for health problems of Africans. There fore it may be just pertaining to African non formal organizations with in the African

Socio-cultural context.

Future prospects for African non-formal work in the area of health:

It is quite evident that African ١, non-formal organizations, have a wide area of activity within a rich African socio-cultural scene. The cases of "coping", which have been mentioned at the way, start in planning to help poor Africans in their health traumas.

In this respect "expert" input is ٢, needed from specialized Africans to Argue the available resources of African non-formal organization. Abctter institutional make up is needed to vitalize the work of these organizations.

Those African organizations with ٣, health concerns should plan an efficient networking scheme that brings their efforts under the flashlight of endogenous African experience. An accumulation of Knowledge and "know-how" is supposed to follow naturally after starting such

As Roderik (1997) argues: "the tensions between globalization and social cohesion are 'real, and they are unlikely to disappear of their own accord(4).

The current debate about the different ramifications of globalization is but an attempt to bring social concerns the fore. It is now more and more realized that global opportunities are unevenly distributed- between countries and people.

In Africa, the changes of the closing of the twentieth century have affected the African continent considerably.

The fragile economic infrastructure of

most African countries, despite the elaborate for restructuring, showed the vulnerability of the African social and economic circumstances. Therefore, the health of Africans, particularly the poor is very indicative of this state of vulnerability, as may appear from the following discussion.

The African context:

African countries have long been burdened by low per capita incomes, problems of poverty, low living standards and the different concomitant health problems.

The winding gap between rich and poor countries, and within countries- was evident throughout the continent in the last decade.

African countries have already tested the socialist countries are experiencing a new wave of privatization and liberalization.

Withdrawal of governments from many social commitments, health being one, affects larger portions of the populace.

This environment can be detected from well known facts Africa still hosts 90 percent of all malaria cases in the world (5).

During 1991- 1995, infant mortality rates have improved modestly, although continuing poor health conditions and the large numbers of people (22.5 millions) living with HIV-AIDS have been reflected in some health indicators: of eight countries in the world with declines in life expectancy of more than three years, six in Africa(6).

This situation is not expected to change drastically in the near future, Despite these facts, it seems that there is disconnection between the world's pharmaceutical giants and the fatal or debilitating disease of the third world's poor.

Aliments (like sleeping sickness for example) go untreated or badly treated not just because the poor cannot afford the drugs they need, though that is a serious problem, but because drugs themselves do not exist. The pharmaceutical industry has little incentive to invent them. Companies decline to invest the huge sums needed to chase a cure they know their potential customers cannot afford. According to IMS Health of Westport, Conn, a marketing research- firm that studies the industry, Africa America, Japan and A western Europe account for 80 percent. It is for them the companies invent a stream of high- priced, highly profitable drugs(7).

Therefore Africa's position in complete market for drugs and other health facilities is expected to be even weaker as these markets exercise further expansion and freedom of movement. A majority of the African population may be exposed to exclusion and marginalization. Such questions have to be considered of collectivity of a social systems in given society. It can not be, these treated in isolation or selectively.

Where dose social sciences fit?

The traditional African cultural values are now faced with an expansion of 'global' medical values and techniques. "Homogenization" means in a sense neglect of basic and health needs. Economic measures aimed at preparing the economy of many African countries for integration into the world economy, left difficult social situations. Legally (1995) in assessing the effects of structural adjustment programs (SAPS) on the health conditions of the urban poor in Tanzania argues that: "many people acknowledge that in the period before the policies, which focused on improving the quality of life for the

majority of the people(8). It is evident that African societies are at the crossroads of social and cultural change. To monitor African endogenous knowledge of global experience on the other hand, is challenge.

Therefore to offer a sustainable and integrated approach to health in Africa. This will be just a timely effort to cater for "marginalization", I would like to deteriorating health taking this into consideration, I would like to discuss some possible approaches to health in Africa, Emphasis will be given to the essential role that can be played by different voluntary, informal and non-government organizations.

Integrated plurality:

It is evident from the preceding discussion that gap between health needs and health provisions in Africa is wide and is still widening in the near future.

African governments with a multiplicity of financial and economic problems are not expected to fill these gaps by their own. the expanding private health facilities in most African countries are out of reach of many people. It is evident from many studies that "refuges" are sought by people- like resort in again to traditional medicine or just living with illness(9). African countries, have traditionally hosted many medical modernization systems working side by side. Modernization by fostering scientific medicine, did not succeed in abolishing other systems, since in most cases it comes from above'. Thus Memel- fote (1995) , for example observes that in C'ote d'Ivoire: "it was not until 1985-1995 years when structural adjustment programmes collapsing and AIDS appeared an spread, years that also saw an explosion of traditional medicine that national

medicine become African"(10).

However, as a result of these constraints many African Communities have elaborated on certain different resort to fill part of the gap in health needs.

(i) Co-operation between traditional medicine and modern example Brings a new trend health professionals maintained Direct and frequent relation with their counter-part happens that the two types by treating the same practitioner give complementary therapy patient, each in his area of competence (11).

(ii) In a similar vain we find the appearance of "integrated clinics" in Sudan.

These are sponsored by local non-governmental organizations although emphasis is mainly on mental and spiritual health, is composed of:

a\ psychiatrist, with the help of other technicians. The psychiatrist receives the patient, makes diagnosis and then after some prescriptions directs the patient to other section.

b\ section of herbal medicine, under the supervision of a trained (licensed) herbalist.

c\ section of bee- honey treatment.

d\ section of religious recital, supervised by versed religious persons. A patient moves freely from one section to another, referral being made from any of these section to others.

We find another version of this clinic-sponsored by another non-governmental organization, use the same integrated approach but more emphasis on herbal medicine.

However it imitates modern medicine in methods of diagnosis and follow up (12).

It seems that sort of "coping mechanisms" are in the making in many

African countries. However, it is not certain whether these new moulds are in a position to fill the widening gap between what is available and what is needed in African societies. But, despite that- what we referred to as coping mechanism are important to tell us how relevant models can be Affected. By any approach to health facilitation in the African countries, if it dose intend to be superficial, need to be aware of the endogenous.

African societies. In this basis the "Integrated African clinic" can be worked on as feasible alternative in a "mixed economy", of health provision in Africa. It is evident that the role of the states in provision of health facilities is shrinking in Africa as in other parts of the world. The new economic and pertinent realities are expected to make this trend even more pertinent. Societal organizations are expected to take a lead in providing more relevant solutions to health problems. However, the role of a scheme. Therefore, a "consortium" of such organizations is needed at national, regional and African levels.

In conclusion, it should be remembered that what globalization poses for us in this century is mainly a challenge for survival. The way we understand and political environment affects considerably our means of finding solutions to ever ensuing problems.

References

- The Human Development Report, 1, 1999.
- Health and Durg Policies", 2, development dialogic, 1995, p. 7.
- Ibid., p. 3,
- Rodrik, D. 1997 Has globalization . 4, gone too far?. Institute for international Economics Weshgton DC. P. 85.

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Africa Recovery, vol. 12 No. 2 ٥,
Nov. 1998 p. 30.

Africa Recovery, vol. 13 No. 1 ٦,
Jun 1999, p. 27.

mc Neil, ,D. JR, 2000 Durg ٧,
Companies and the third World: Acase
York Times on the Web, ,May 21, 2000.

Lugalla, J.L 1995 "Economic ٨,
Reforms and health condition of the
Urban poor in Tanzania".
www.web.africa.Ufl.eud., p. 14.

CF proceedings of the first social ٩,
science and Medicine Africa Network.
International conference. Nairobi,
Kenya 10th-13th August 192.

Momel. Fote, M. (1999): ١٠,
"pasterns of medicine in Africa: the
example of cote d'ivoire", ,International
Social Science Journal. Sept. 1999 no
161, p. 330.

Ibid., p. 332-333. ١١,

The first clinic (with branches) is ١٢,
a body of I man Research Center in
Khartoum. The other type is a body of
the Economic Alternatives.

Human Development ١٩٩٩ ١٣,
Report. P. 35.