COLLOQUE INTERNATIONAL NIANGUIRY KANTE : DEUXIEME EDITION 2024

Organised by

La Revue Africaine des Sciences Sociales et de la Santé Publique (RASP) in partnership with Bamako Institute for Research and Development Studies, the Laboratoire d’Études et de Recherches en Transition Génésique (LERTG) de l’Université Alassane Ouattara en Côte d’Ivoire, the Centre National de la Recherche Scientifique et Technologique (CNRST) of Mali, and l’Institut des Sciences Humaines (ISH) of Mali.

CALL FOR PAPERS

Theme: Thinking about public health constraints towards sustainable performance of health systems in Africa

September 10-11, 2024
Bamako, Mali

Site web: http://www.cini.b-institute.org
1. Rationale

Public health problems in Africa are multiple and complex. In this part of the world, the spread of infectious and parasitic diseases has already exceeded the alarming threshold. At the same time, so-called chronic and degenerative diseases are growing at a dizzying pace. And as if that were hardly enough, to this gloomy and overloaded picture, are added the spectacle of new, more severe diseases. Similarly, the issue of mental health and maternal and child morbidity and mortality are of great concern. Thus, the emergence of these public health problems is due to a multitude of factors such as income, education, gender, physical environment, social environment, healthy child development, personal behaviors and lifestyles, social and community support networks, access to work and working conditions, access to essential services and equipment: water, housing, health services, food, education; the standard of living of a country, the conditions of the labor market as well, cultural beliefs. On the African continent, where these determinants of health appear to be topical and far-reaching realities, it appears while the epidemiological transition is struggling to begin. This logically results in a life expectancy backwards. The challenge ahead is daunting. However, the organization of the health systems put in place tends in fact to give primacy to curative medicine. This means that in the process of finding solutions, the biomedical dimension remains privileged to the detriment of sociological aspects. We deduce from this that national public health systems in Africa are highly medicalized. And yet, not all health problems have a vaccine. As a result, questions arise. How to reduce the burden of disease in African countries? How can we get most of the population to benefit from sustainable health at a lower cost? Removing this reductionist barrier to public health is the first step in the challenge. This is a prerequisite that gives access to the substantive question as a second step. The latter deals with the immensity and complexity of the health problems that arise. How to resolve this complex health situation? Is a viable and relevant solution hypothesis conceivable without taking human factors into account? In other words, is this logic of "progression" linked to the biological factor alone? These different questions determine the origin of the issues of this second edition of the International Conference Nianguiry Kante (CINI) 2024 to create around public health a network of partnerships and exchanges of ideas connecting medicine to the human sciences. Consequently, this symposium presents itself as an opportunity for a better readability of public health problems and the understanding of the relevance of governments' policy choices on health in Africa. It is important to open the debate around the theme of this symposium: "Thinking about public health obstacles towards sustainable health systems in Africa". In the operational phase of this reflection, several scientific approaches seem plausible to shed light and provide levers for solutions to the challenge of health development in Africa. These include population-based, strategic, critical, constructivist and "One Health" approaches. These focus on population groups (children, youth, women, the elderly), on conflicts of representation between lived cultural practices and public health norms, on structural models that undermine the health of poor and marginalized groups, on health promotion systems rooted in lifestyle habits and on practices and behaviours in the face of epidemics and antimicrobial and pesticide resistance. It is in this theoretical perspective that this conference finds its full meaning. To do this, it is necessary to specify its objectives.
2. Objectives of the Conference

The overall objective of this symposium is to examine the changing context of public health issues in health systems in Africa. This general approach calls for three specific objectives:

1. indicate the diversity of realities in relation to public health problems in Africa;
2. strengthen services to communities with a view to contributing to the socio-health development of African countries.
3. consolidate the innovative methodological tools mobilized, with a view to putting them at the service of monitoring and evaluation of public health problems in Africa.

The conference will be furnished with introductory lectures, workshops, oral communications in parallel sessions, and posted communications.

3. Thematic axes

This CINI2024 will provide a framework for scientific communication on the following five thematic axes:

**Axis 1: Health of vulnerable population groups**
This axis focuses on the supply and accessibility of the most vulnerable populations to quality care. The aim is to give special consideration to health services and services for children, adolescents, and young people, women, and the elderly. It also considers representations around the health of these groups in different cultural contexts. The contributions in this axis consist in identifying the challenges that remain to be met and highlighting various issues to improve the health status of these specific groups towards sustainable health.

**Axis 2: Cultural diversity of public health morbidities**
This axis introduces us to vulnerabilities related to the persistence of public health diseases including malaria, HIV/AIDS, tuberculosis, viral hepatitis, neglected tropical diseases, non-communicable diseases, diseases with epidemic potential and emergencies, mental health-related diseases, malnutrition and maternal and child reproductive health morbidities. The aim is to analyze the relationships between representations, etiological theories of patients and public health variables. Investigations in this axis will focus on the targeted contradictions between lived cultural practices and public health norms to act on critical points of impact and lead to the desired change. When it comes to mental health, we need to take stock. Indeed, it is necessary to question what remains and/or has changed since the Dakar school (around H. Collomb) concerning the institutional life of psychiatric institutions. It is also a question of identifying what is happening today in child psychiatry. Also examine the place of community psychiatry and see how practitioners relate to WHO recommendations for dialogue with traditional healers.

**Axis 3: Governance of public health systems**
This axis extends to the international role of health and health care in maintaining and developing systems of public health inequalities, the influence of health structures on responses,
behaviour at the local level, the influence of broad-based local initiatives on health structures, the impact of for-profit health care services on health, the unequal distribution of health resources, the defective distribution of health care, and factors limiting the quality of the organization, functioning and management of health structures. It is necessary to indicate the different facets of these questions addressed and the institutional or humanitarian responses before proceeding to a dialectical examination against the background of the stratification of the social strata present in the communities observed. Contributions in this axis place the governance of health systems at the center of research to analyze the impact of health policies in relation to the objectives to be achieved while aiming at quality assurance.

**Axis 4: Health for all**
This axis proposes to re-examine the framework of health promotion and community health. The aim is to take stock of current systems, to identify the scientific, political, and ethical challenges and issues of health promotion, health education and prevention systems. It gives the opportunity to show the social practices of people, professionals, political and institutional actors, innovators (researchers, United Nations agencies...), and finally the various stakeholders in health promotion. Investigations in this axis aim to focus on community health strategies applicable to people's daily lives to accompany social change in favor of improving the health of all and reducing inequalities.

**Axis 5: Environment, Human and Animal Health**
This axis will focus on the threats due to emerging and re-emerging diseases, the problem of resistance to antimicrobials and pesticides at the risk of rendering medicine powerless against pathogenic germs and vectors. It is important to explore here the realities of interdisciplinary collaboration in the health sector between professionals in human medicine, veterinary medicine, and the environment. The aim is to identify the ethical and values problems of the various health professions, socio-cultural barriers, and the difficulties of the participation of populations of all kinds hindering the prevention, early detection, and response to epidemics, epizootics, and phenomena of resistance to antimicrobials and pesticides. Through this axis, the contributions will highlight cultural diversity by relying on a collaborative approach to better prevent and fight against epidemics and their consequences but especially to understand the importance of systems thinking in the "One Health" approach.

**Axis 6. Digital Health**
This will cover research in Information and Communication Technologies (ICT) to provide new and innovative solutions to public health problems. Contributions for this axis can include Mobile Health, eHealth, Internet of Medical Things, Geriatrics and Digital Gerontology, etc. Proposals grouping other aspects not indicated in these axes but allowing to discuss public health problems in Africa, are also appreciated. These proposals relate for example to Information Technology
References


4. Calendar

- Launch of the call for papers: Wednesday, September 13, 2023
- Abstract submission deadline: Saturday, June 15, 2024
- Notification sent to authors: Monday, July 1, 2024
- Registration and Payments open for participation: Monday, July 1 to Saturday, August 10, 2024
- Conference dates: Tuesday, September 10 to Wednesday, September 11, 2024
- Submission of full papers: Tuesday, October 1 to Tuesday, October 15, 2024
- Review of full articles: Tuesday – October 1 to Friday, November 15, 2024
- Notification of acceptance of full papers: Friday, November 15, 2024
- Issuance of certificates of presentation at the conference in digital files: Saturday, November 30, 2024
- Publication of conference proceedings: Tuesday, December 31, 2024

Conference venue: Institute of Human Sciences (ISH) Bamako, Mali

5. Submission of proposals to the Conference

All abstracts (in English or French) must be original and not submitted simultaneously to another journal or conference. Potential authors are invited to submit an unstructured abstract that does not contain references but indicates the context and purpose, methodology, results and their theoretical and/or practical contributions. The text of the unstructured abstract should be in normal Arial of 12 points, with a line spacing of 1.5 (200 to 300 words). The authors of the best selected abstracts will be invited following the conference to submit their complete manuscripts in the light of the note to the authors of the African Journal of Social Sciences and Public Health (RASP) – http://www.revue-rasp.org, in which these manuscripts may be published once accepted into the conference proceedings.

Submission can be made online at https://app.oxfordabstracts.com/stages/6799/submitter or by email at mkante@b-institute.org or anouaj@revue-rasp.org

Keywords: (5 to 8 keywords).

Type of presentation
Two categories of presentation are planned:
• Oral communication
• Poster
The abstract page contains the title of the paper, the names and qualifications of the author(s), postal address, telephone contact(s), e-mail address, body of the abstract and keywords.

The files must be named specifying the event, the type of communication (oral or displayed), the name and surname of the corresponding author, the (short) title of the communication and the axis in which the proposal fits as follows:

File name of an oral communication
CINI2024_Oral_Name_FirstName_short_title_of_the_communication_Axis 1

File name of a poster
CINI2024_Poster_Name_FirstName_short_title_of_the_communication_Axis 2

Accepted oral communications will be the subject of a 15-minute presentation followed by exchanges. Participants based outside Mali will be allowed to participate remotely on Zoom in plenary sessions and parallel sessions in full virtual mode. To do so, their presentation should be previously recorded and transmitted to the conference secretariat no later than Saturday, August 31, 2024. In addition, regarding posters, a space will be dedicated to their presentation.

Languages of the conference
The languages of the conference are French and English.

6. Registration

Registration and participation fees
✓ Teacher-researchers, researchers and professionals: 30,000 F Cfa (50 € / 55 US$)
✓ Students : 15,000 F Cfa (30 € / 32 US$)

These contributions guarantee by abstract submitted and accepted:
✓ access to the different sessions of the Conference + Conference documentation
✓ a certificate of communication at the conference
✓ a coffee break + lunches for face-to-face participations

Payment of fees is made by WESTERN UNION or Money Gram or Orange Money or Wave. For further information, please contact the conference secretariat.

Accommodation
Accommodation is not considered by the organizers. However, a list of hotels will be brought to the attention of the authors of the selected communications. In addition, the Institute of Humanities has accommodation.
7. Target audiences:

1. Heads of institutions in the field of public health and humanitarian
2. Healthcare professionals
3. Local and regional authorities
4. Community Leaders
5. Teacher-researchers and researchers
6. Students

8. Scientific committee

Chair of the Scientific Committee: Pr. Olivier Douville, Université de Paris, France
Vice president: Dr (MR) Soumaïla Oulalé, Université de Ségué, Ségué, Mali
Second Vice-President: Pr. Abdelkader Kadir Galy (Université Abdou Moumouni), Niger

Members:

✓ Prof Robert Oboko, University of Nairobi, Nairobi, Kenya
✓ Prof Christopher Chepken, University of Nairobi, Nairobi, Kenya
✓ Dr (DR) Adegne Niangaly, Institut National de Santé Publique, Bamako, Mali
✓ Pr Abdoulaye Niang, Université Gaston Berger, Saint Louis, Sénégal
✓ Pr Adama Diabaté, Institut Universitaire pour le Développement Territorial (IUDT), Bamako, Mali
✓ Pr Drissa Samaké, Centre National de la Recherche Scientifique et Technologique, Mali
✓ Dr (MR) Baba Coulibaly, Institut des Sciences Humains, Bamako, Mali
✓ Pr Cheick Hamala Fofana, Université des Sciences Juridiques et Politiques de Bamako, Bamako, Mali
✓ Dr (MR) Mamadou Fadiala Sissoko, Institut National de Sante Publique, Bamako, Mali
✓ Pr Hamidou Magassa, SERNES, Bamako, mali
✓ Pr Jaak Le Roy, Institut Healthnet, topo, Louvain, Belgique
✓ Pr Kaourou Doucouré, Comité National d’Ethique pour la Santé et les Sciences de la vie, Bamako, Mali
✓ Dr (MR) Mamadou Samake, Centre National de la Recherche Scientifique et Technologique (CNRST), Bamako, Mali
✓ Pr. Mamadou Sounkalo Traore, Institut National de Santé Publique, Mali
✓ Pr. Pierre Philippe Rey, Professeur émérite Université de Paris 8, France
✓ Dr (MR) Seydou Keita, Centre National de la Recherche Scientifique et Technologique, Mali
✓ Dr (MC) TESSOUGUE Moussa dit Martin, Faculté d'Histoire et de Géographie, Université des Sciences Sociales et de Gestion de Bamako, Bamako, Mali
9. Organizing Committee

President: Dr (MC) Anoua Adou Serge Judicaël, Université Alassane Ouattara, Bouaké, Côte d’Ivoire.
Vice president: Dr Macire Kante, Centre National de la Recherche Scientifique et Technologique (CNRST), Bamako, Mali; University of Johannesburg, South Africa

Members:
- Dr Amara Nimaga, École normale d’enseignement technique et Professionnel, Mali
- Dr Silamakan Kante, Bamako Institute for Research and Development Studies, Bamako, Mali
- Biramadjan Diakite, Institut National de Santé Publique, Mali
- Fanta Kante, Bamako Institute for Research and Development Studies, Bamako, Mali
- Ibrahim Konate, Centre National de la Recherche Scientifique et Scientifique (CNRST), Bamako, Mali
- Adana Keita, Centre National de la Recherche Scientifique et Technologique, Mali
- Mahamadou Kante, Institut des Sciences Humaines, Bamako, Mali
- Niame Kante, Bamako Institute for Research and Development Studies, Bamako, Mali

The conference is organized by the Bamako Institute for Research and Development Studies, the African Journal of Social Sciences and Public Health (RASP) and the Laboratory for Studies and Research in Reproductive Transition (LERTG) of the Alassane Ouattara University in Côte d’Ivoire.

10. Conference Secretariat

All questions regarding submissions should be emailed to mkante@b-institute.org or revue-rasp@revue-rasp.org.
Information on the conference will also be available on the website: http://cini.b-institute.org.