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Sustainable development in pre-colonial, colonial, and post-colonial Africa: Issues and Contexts

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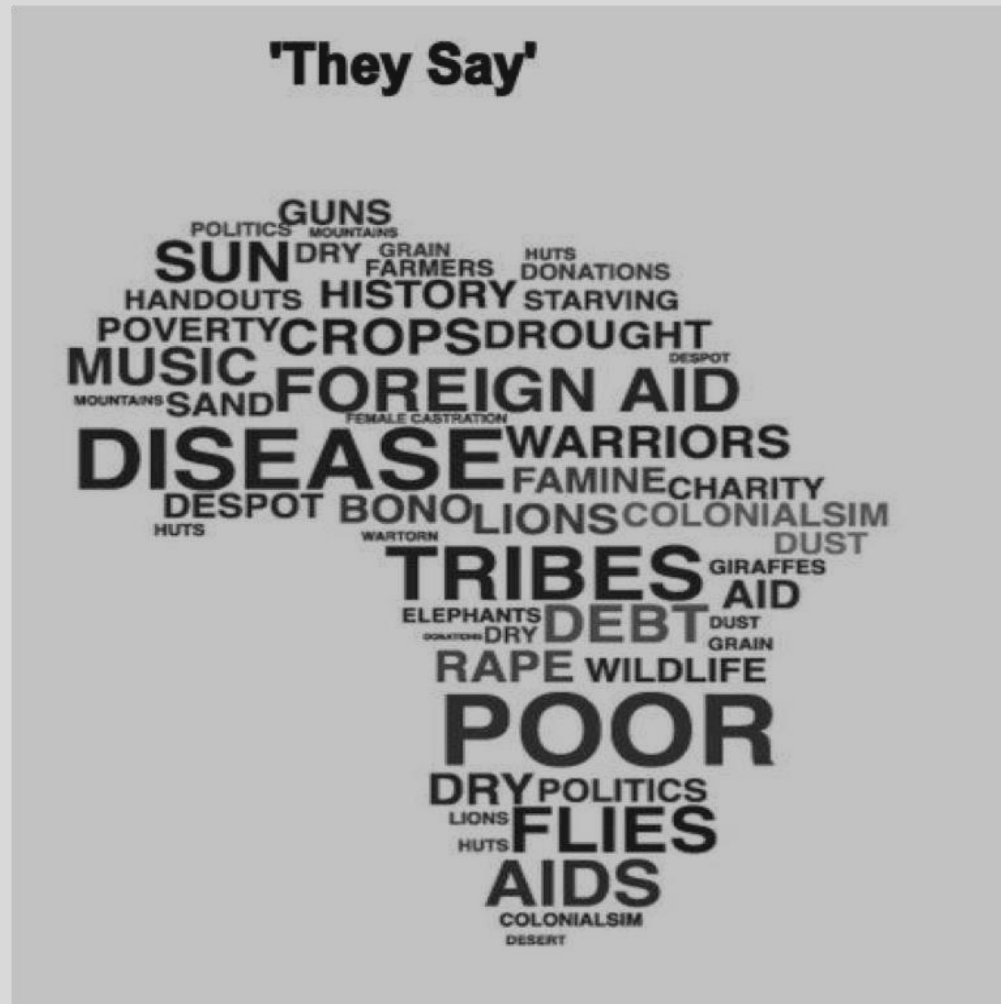
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The Perception of Africa



Source: <http://www.siliconafrika.com/past-and-future-of-africa-in-2-images/>



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Presentation Outline

- The perception of Africa
- Socio-historical sketch
 - Development in Pre-colonial theory
 - Development in Colonial theory
 - Development in Post-colonial theory
- Africa's bottom billion
 - The development traps
 - The new bottom billion
- Change Process towards a Bright Continent
 - Sustainable development and knowledge based economy



The Old Oyo Empire



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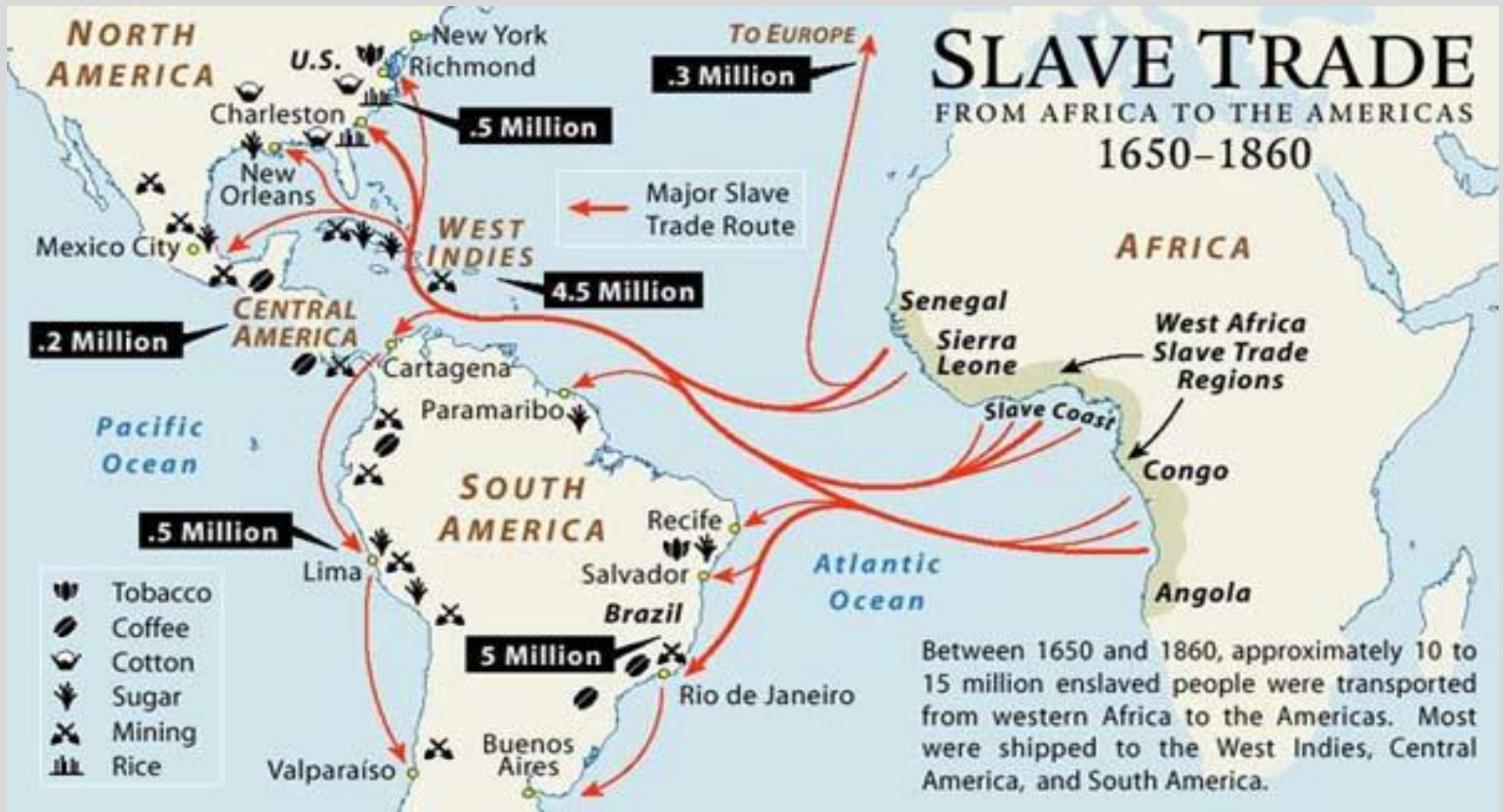
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The Slave Trade



Source: http://www.slaverysite.com/Body/slave_trade_1650-1860_b%20-%20www.slaveryinamerica.org.jpg



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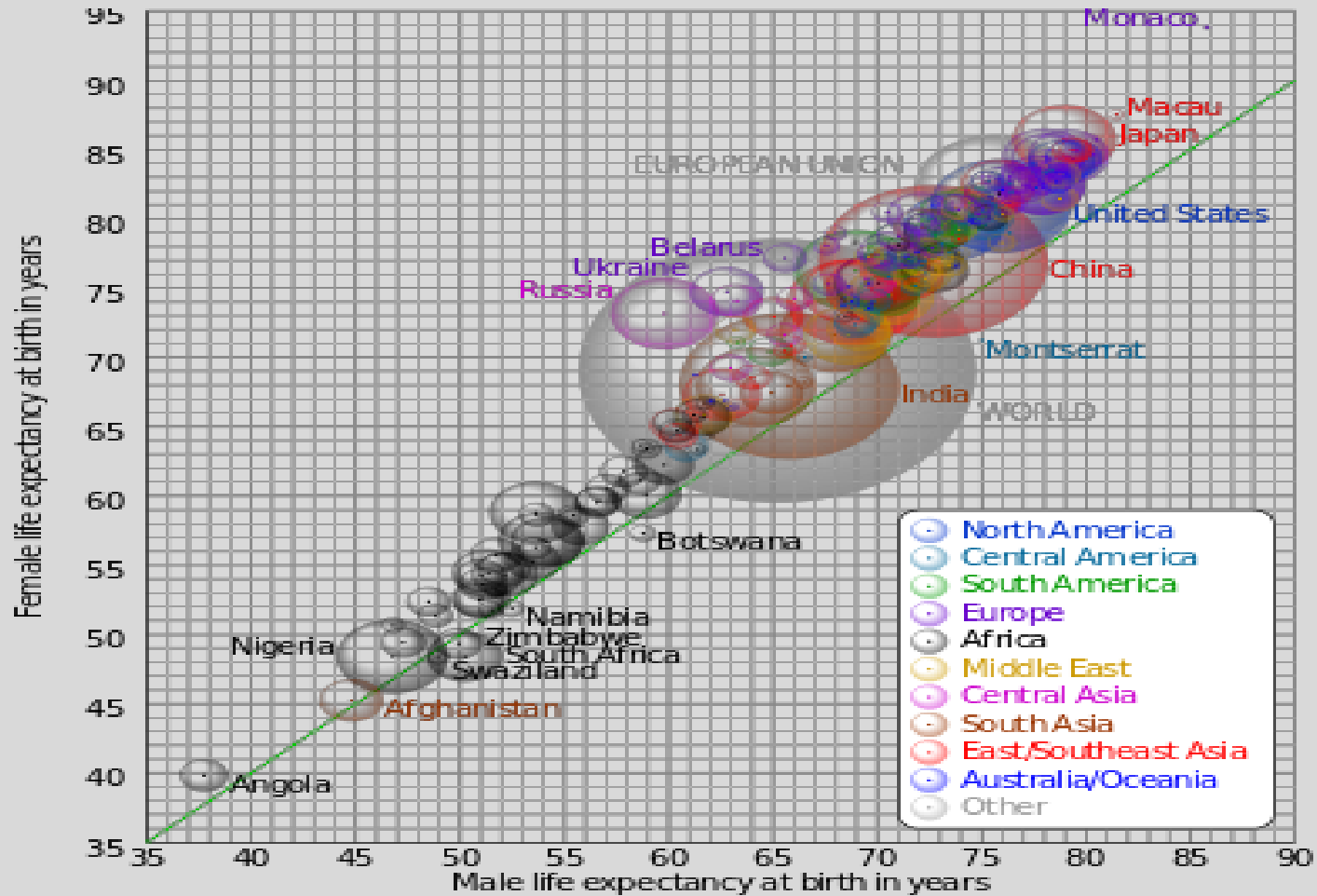
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Globalization, Wealth and Health

- Improved Global wealth and living standards
- Widening gap between the rich and poor
 - # of Billionaires owning 4% of world GDP 385
 - World population living on < \$300/year 50%
- Exacerbation of **extreme poverty** (>25%)

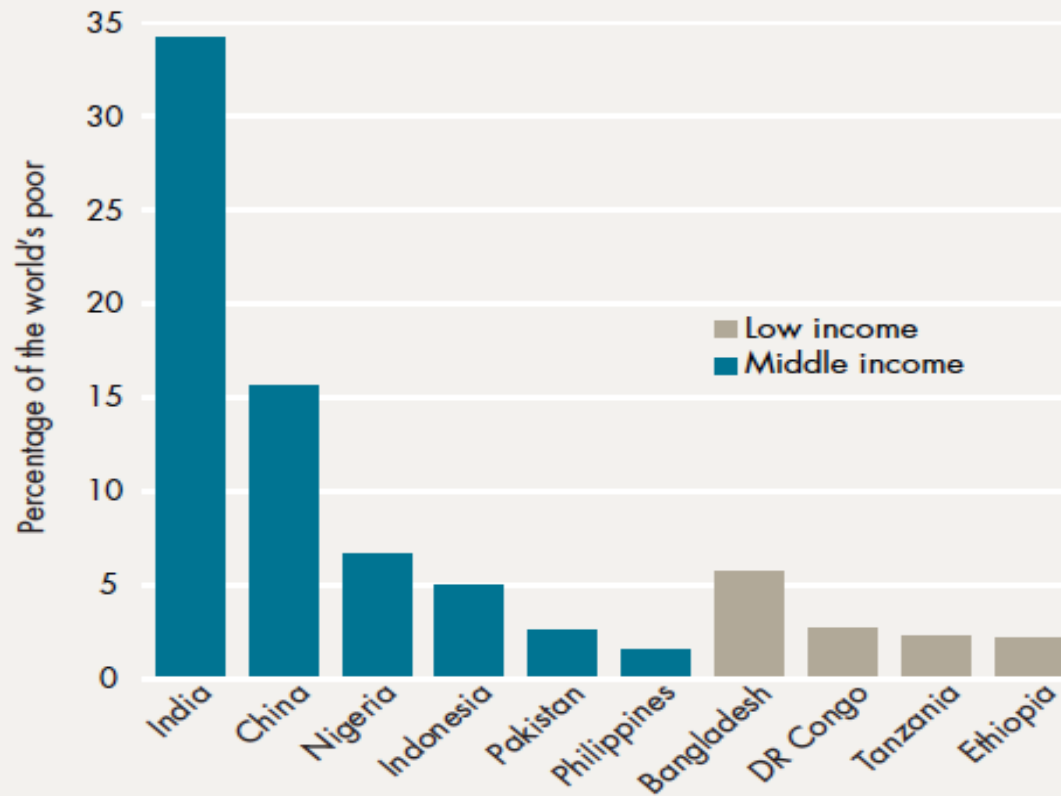


Life Expectancy and the Bottom Billion



The New Bottom Billion

Figure 3. Most of the World's Poor Live in Just a Few Countries



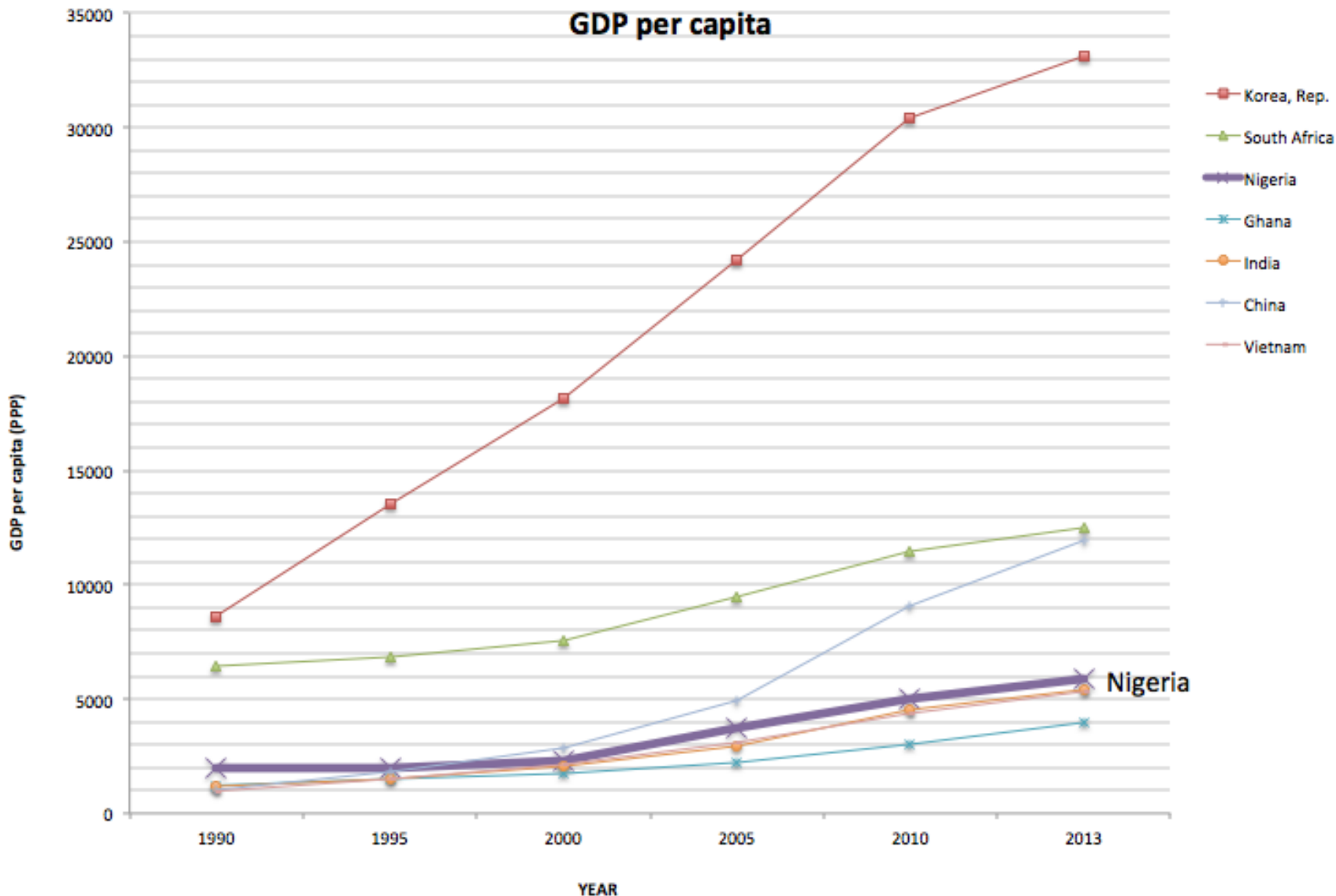
Source: Kanbur and Sumner (see note 6)



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GDP per capita

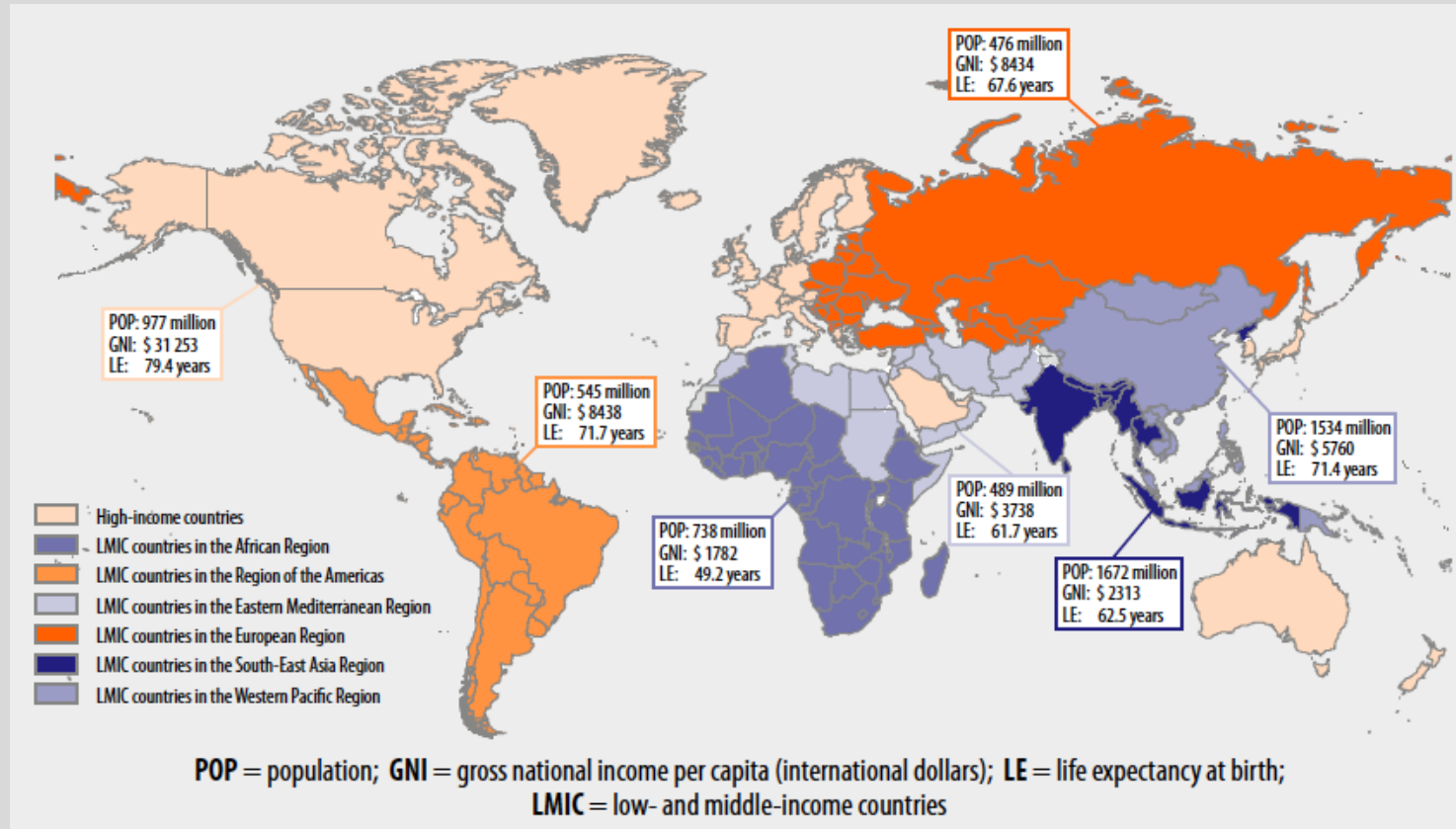


Global Disparities in Wealth and Life Expectancy

- Advances in science and technology
 - Improved health and life expectancy
 - “Best health” in developed countries exist where income gap is smallest between rich and poor
- Marked disparity in Life expectancy between developed and developing countries



Today's Challenge



The Global Context of Research

- Global Health Research expenditure \$160.3 billion in 2005
- 90% of research conducted by developed countries
- Sub-Saharan Africa
 - 24% of the Global Burden of disease
 - 3% of the health workforce
 - Less than 1% of financial commitment to health care
- Capacity to do clinical research is very limited in developing countries
- Massive emigration of trained professionals to North America and Europe from Africa



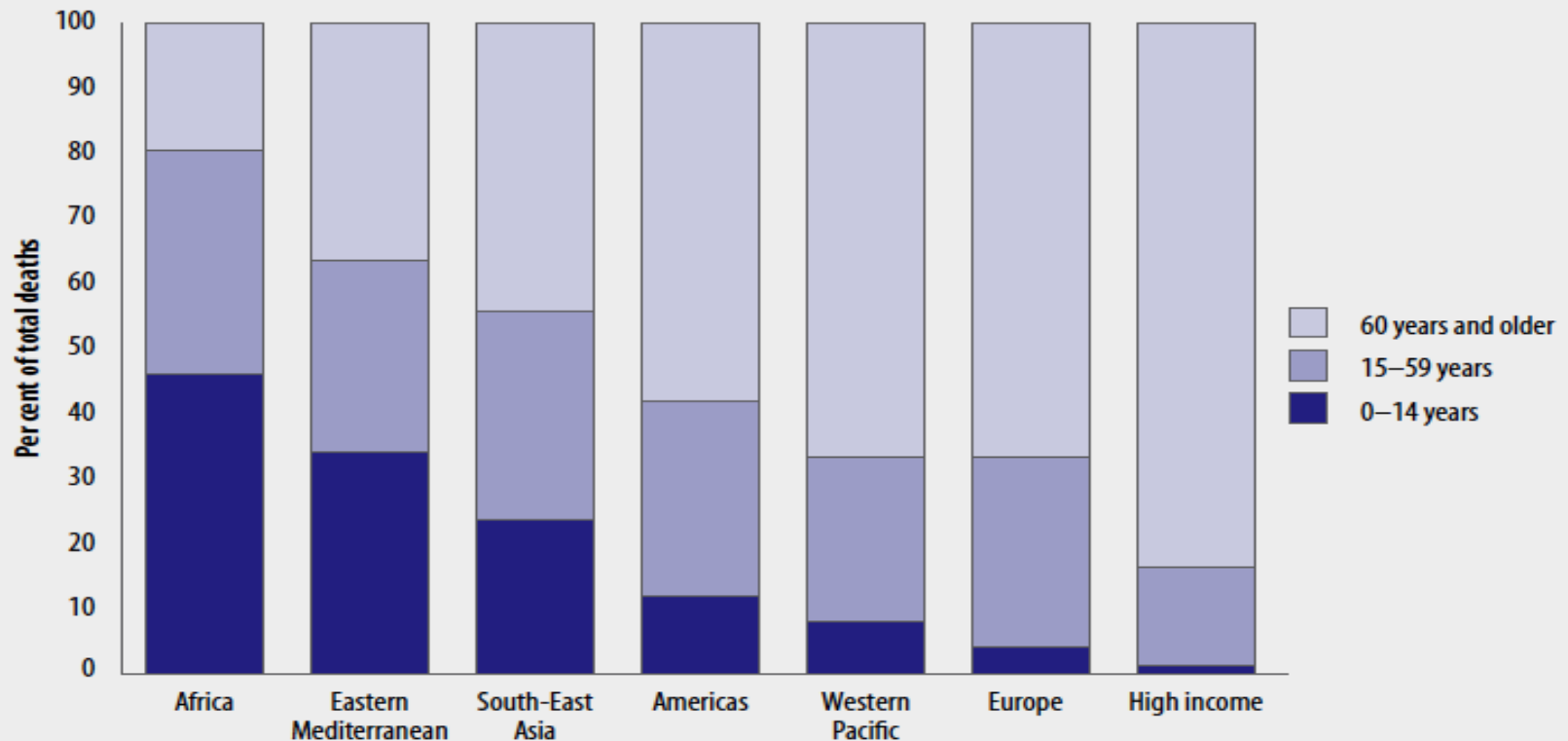
The Development Traps

- Country conflicts
- Being landlocked
- Mismanagement of natural resources
- Executing bad governance



In Developing Countries, Death takes the Young and in Developed countries, the old

Figure 2: Per cent distribution of age at death by region, 2004



THE BRIGHT CONTINENT

*BREAKING
RULES &
MAKING CHANGE
IN
MODERN
AFRICA*



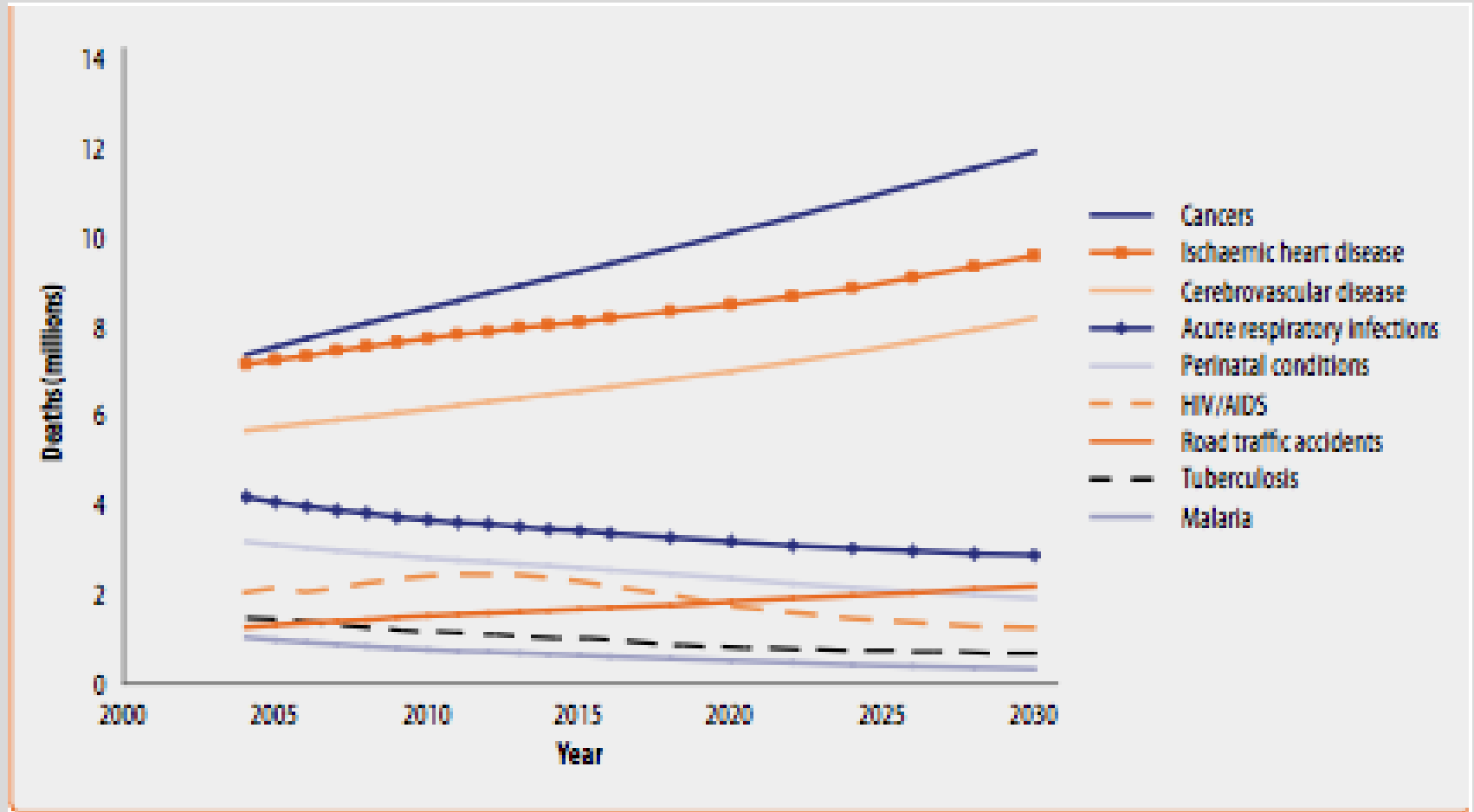
DAYO OLOPADE



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Projected Global Deaths for Selected Causes, 2004-2030



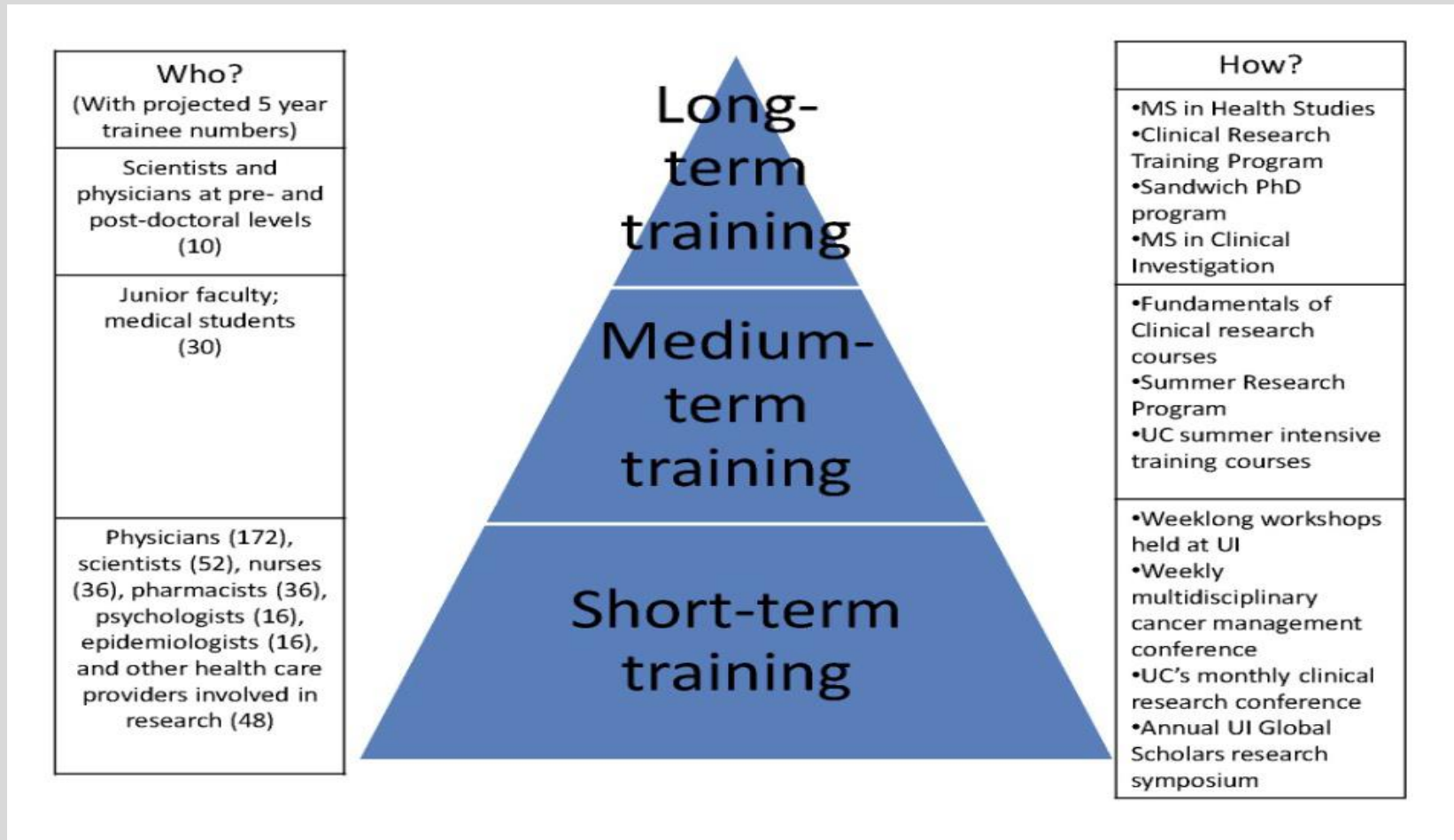
Chicago-Ibadan Partnership



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Building Local Capacity for Research



'We Say'



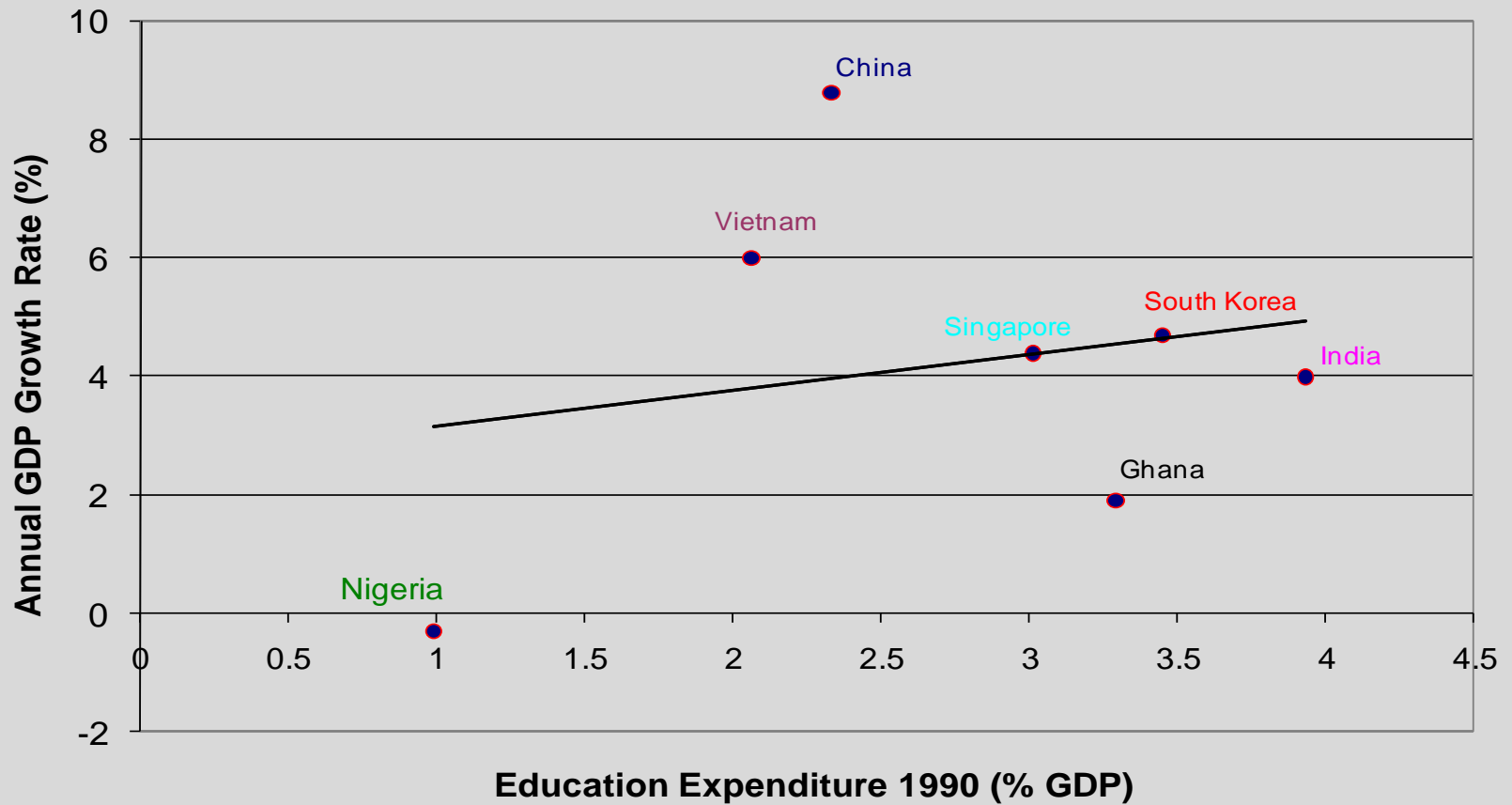
Source: <http://www.siliconafrika.com/past-and-future-of-africa-in-2-images/>



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Annual GDP Growth Rate (1990 -2001)



Alma-Ata International Conference* on Primary Health Care 1978

- Commitment to Universal Health Care by 2000
- Adopt technology to deploy and reach rural communities in LIC
- Called for increased community participation in health care delivery
- Framed health care as a right and an avenue for social and economic development

134 Countries and 67 Organizations attended



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The Neoliberalism Era 1981 Regan and Thatcher Years

- Used IMF and World Bank to Introduce
 - Structural adjustment program conditions
 - Shrink public deficits no matter what
 - Limit Govt. intervention in the market
 - Open economy to free trade
 - Accept rigid benchmarks for macroeconomic policy



Net Effects of Structural Adjustment Program

- Global reduction of health care expenditures
- Leadership of World powers used IMF/WB to exercise soft power
- Health as Commodity
 - Not a right but a commodity
 - Privatization of public health services
 - Elimination of subsidies for water and sanitation
- Introduction of user fees for health

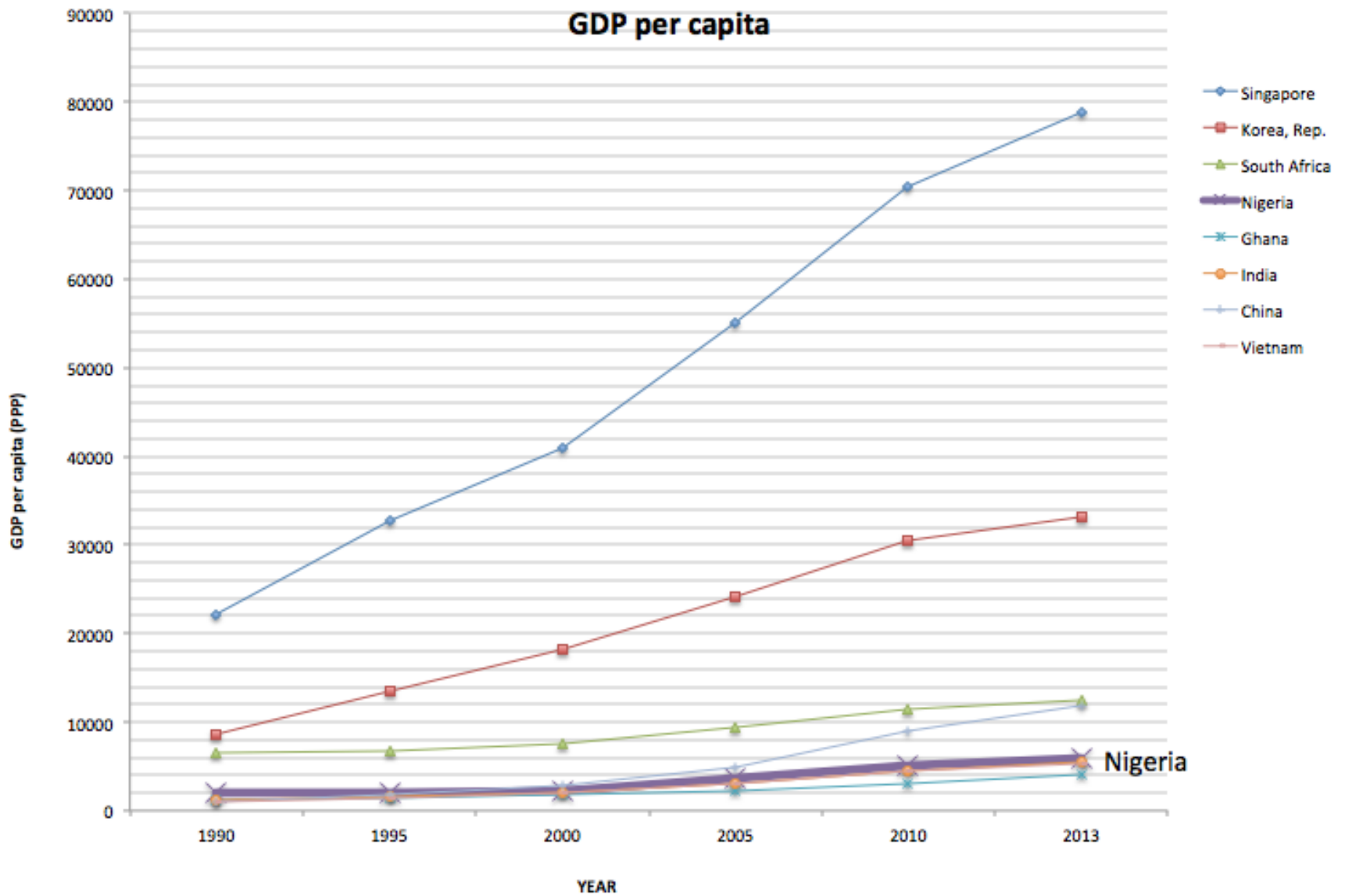


Consequences of Structural Adjustment Program

- 8% reduction in Govt. spending on health as % of GDP
- 7% decrease in # doctors per Capita
- 42% reduction in % of population covered by DOT program for TB management
- Poor people stayed at home, used alternative care or presented late for care
- Then the AIDS epidemic struck



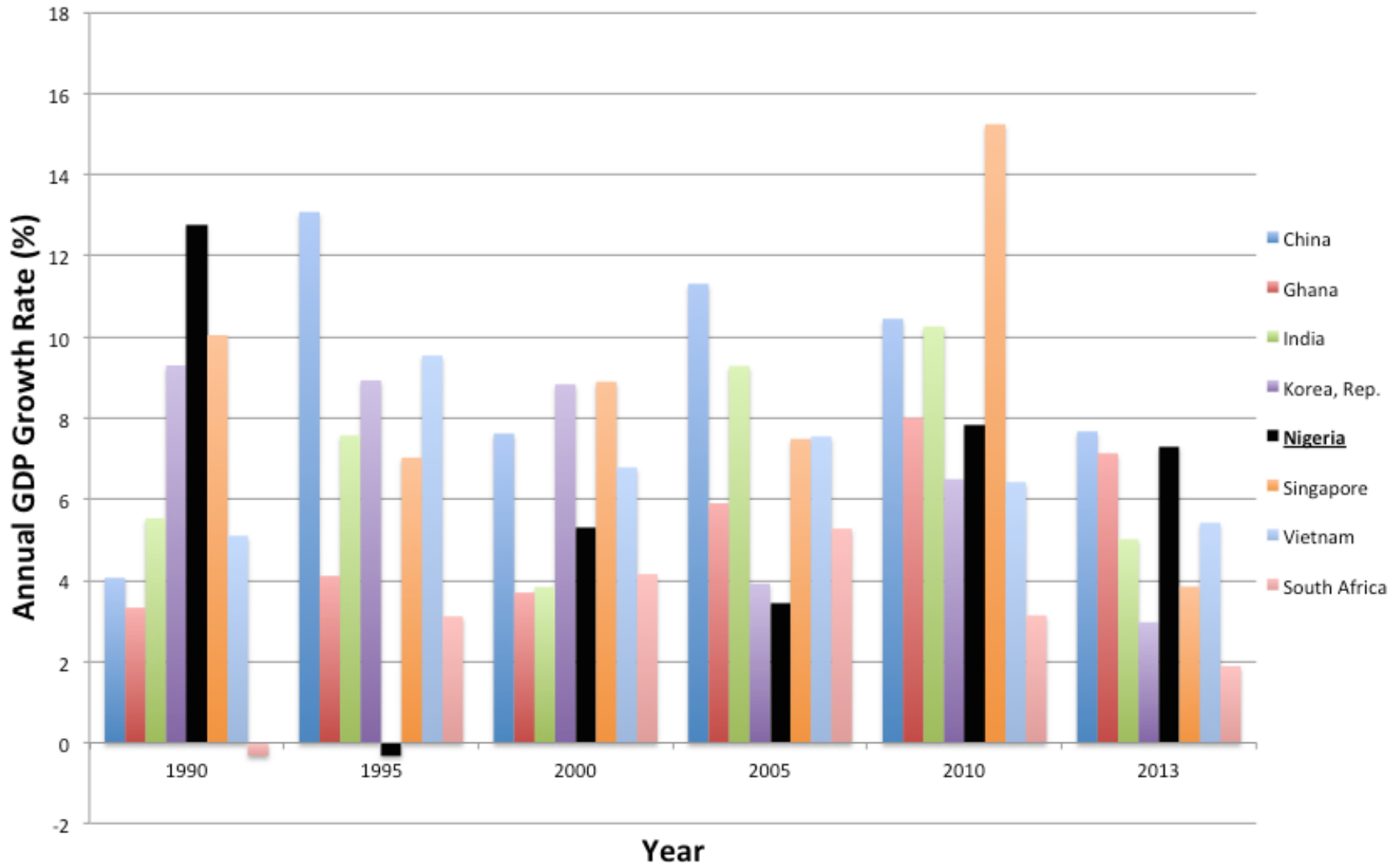
GDP per capita



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Annual GDP/Capita Growth Rate (%)



Brain Drain and Global Disparities in Health and Life Expectancy

Table 1. Characteristics of International Medical Graduates (IMGs) in Physician Workforces of the United States, the United Kingdom, Canada, and Australia.

Country	No. of Physicians per 100,000 Population	Total No. of IMGs	% of IMGs in Workforce	% of IMGs from Lower-Income Countries	% of IMGs from the Three Other Developed Countries
United States	293	208,733	25.0	60.2	6.5
United Kingdom	231	39,266	28.3	75.2	2.5
Canada	220	15,701	23.1	43.4	22.3
Australia	271	14,346	26.5	40.0	33.5



West African Breast Cancer Survey

