

African burden of Mental Health: necessity of global exchange between researchers

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Received: 10 October, 2017; Accepted: 01 November, 2017; Published: 06 November, 2017

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Introduction

Administration of global health in low- and middle- income countries faced several barriers, mainly because governments considered only tropical and metabolic diseases as major's public health matters. The prevention and mastering of the mental health as well as side effect linked to environment of population (1-11) are the best examples. Recent published articles showed that, neurodegenerative diseases as well as dementia; was not handled like the other diseases like aids and malaria. Lack of research around lifestyle risk factors in low- and middle- income countries, and new discoveries in mental disorders (1-5), may induces this important difference between developing countries and the rest of the world. Many countries concerned by this difference were in Africa and South America (11). Several authors reported findings about mental disorders in South America. In the other hand, most of publications related to health in Africa, even in high-impact factors journals, only reported findings regarding tropical diseases or infectious diseases. When looking through literature about global health, except north hemisphere countries, current literature always shows a better picture of populational health in South American compared to Africa (11). Our opinion is the possibility that, this inequality in literature emerged from a deficit in research in african countries. Structure for research, investments and program related to research, are almost absent. Health promotion in the continent was subsequently improved during the last twenty years, because of massive initiative and funding. Global health intervention were numerous and continuous in the field of mother and child health, cardiometabolic syndromes, and infectious diseases. The mental health is the sector of health in Africa, where expenditure and programs does not really exist or are very fewer compared with the management of diseases above. This situation leads to a difference between north and sub-

saharian African countries. The proximity between Maghreb and Europe, and the close collaboration between their researchers allows a permanent update of north african health system. The local health administrator understands importance of research despite the absence of funding, and encourages researcher with international training and symposium, and contributes in open access publication often. The same actions should be made for the rest of Africa, beginning with sharing information between local researchers, and increase of continental congress. Many private funding dedicated to african researchers are promoted by private donators like Bill and Melinda Gates foundation, but information is not well share through network or academician world and eligibility criteria for researchers based in the continent are discriminative. They are judge with the same scale of productivity than their European and American colleagues. Only few of them met conditions of these funding and finally majority of winners are based outside Africa, and then led research without really knows the continent. The necessity of global exchange between researchers of both hemisphere are an emergency.

Conclusion

The world is moving, so culture and health administration should follow at the same speed. Before thinking individually, think global. Plans and prevents the potential impact of a common action made by researchers and supports by politic in the following decades. There is a difference between north and south hemispheres, but also between low- and middle- income countries; in terms of publications and research. Africa has intellectual resources to lead very good research projects and provide publications in high impact factors journals, but without an exchange with international experts in the field and without appropriate supports of their own countries; the difference will continue to increase.

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