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Panel proposal

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Title: Multilingualism and Health Communication in sub-Saharan Africa: Transdisciplinary approaches in research and development practice

Communication plays a central role in healthcare as well as in medical practice between health practitioners, patients, policy makers, and other partners involved in this process. The involvement of all these actors at various levels also represents a linguistic and socio-cultural communication challenge (Hohenstein/Lévy-Tödter 2020). Diallo/Houssouba (2021) describe the process of inclusion and/or exclusion of sub-Saharan African languages in the Swiss medical communication media during the pandemics of AIDS and COVID-19. They conclude that in this country considered as a *Sonderfall* thanks to its multilingual language policy with four official languages (German, French, Italian, and Romansh), this inclusion becomes necessary because of the increasing presence of sub-Saharan African languages such as Lingala, Peul, Swahili, Tigrinya, Somali, Amharic, etc. in the Swiss linguistic landscape. Moreover, they argue that the language policy in Switzerland in relation to African languages is similar to the language policy of several African countries such as Cameroon or Ethiopia, where the concept of *extensive trilingualism* (Gfeller 1997) is widely practiced. Furthermore, Batchelor/Yoda/Ouattara et al. (2019: 01) assume that “many lower- and middle-income countries (MLICs) have high levels of linguistic diversity, meaning that health information and care is not available in the languages spoken by the majority of the population.” Considering this linguistic imbalance, our panel tackles the issue of multilingual medical communication in sub-Saharan Africa and discusses some transdisciplinary perspectives in research and development practice. It mainly focusses on the following questions:

1. Who are the actors involved in the medical communication sub-Saharan African context? What is their role in this process?

2. Considering the reality of multilingualism and the imbalance between national, local and official languages such as French or English in sub-Saharan Africa, what languages are mainly used in medical communication? And why?
3. What is the *modus operandi* of this communication in the health care governance? Specifically, what are the factors contributing to the success or failure of this communication?
4. What could be transdisciplinary approaches for research and development practice for a better multilingual medical communication in sub-Saharan Africa?

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