

Africa Health subscription information

There is a three-tier price structure:

1. For African-based readers see below for details.
2. For UK and EU-based readers £80 (airmail postage included).
3. For readers in all other countries £114 or US\$191 (airmail postage included).

Subscribe locally

Healthcare professionals within Africa can subscribe to *Africa Health* for just £40 per annum. Copies will be sent by airmail from the UK. Payment can either be made by transfer (Western Union is OK) to our UK office with payments made out to FSG Communications Ltd (and email advice to: penny@fsg.co.uk), OR you can pay the equivalent of £30 in local currency to the offices below. Please note, copies of the journal will be posted to you from the office you pay to.

- **Ghana** To: PMB Accra North, Accra, Ghana. Cheques payable to: Knowledge Innovations. Queries to: Mr Kwami Ahiabenu II +233 244 319181
Email: kwami@penplusbytes.org
- **Kenya** To: Africa Health, c/o Phillips Pharmaceuticals Ltd, Power Technics Complex, Mombasa Road, P O Box 46662-00100, Nairobi, Kenya.
Email: ppl@phillipspharma.com
Cheques payable to: Phillips Pharmaceuticals Ltd
- **Nigeria** To: Africa Health, PO Box 7247, Lagos, Nigeria.
Queries to: Dr A P Balogun +234 809 999 9256.
Cheques payable to: Afrocet Nigeria Ltd.
Email: balo@afrocet.com
- **Tanzania** To: Africa Health, c/o APHFTA, 55/644 Lumumba Street P O Box 13234
Tel: +255 22 2184667/2184508.
Email: ogillo@yahoo.com.
Cheques payable to APHFTA.
- **Zimbabwe** To: Africa Health, c/o USK International Ltd, P O Box 4891, Harare, Zimbabwe. Email: usk@ecoweb.co.zw. Cheques payable to: USK International Ltd.

A bird in the bush

And so another year dawns. Traditionally this is a both a time to reflect on the positives and negatives of the year passing, and a time to ponder what might be possible in the year ahead. Reality is that we should probably do more of both ponderings more of the time, but I suppose we shouldn't complain so long as we do at least do some benchmarking at this time of year.

My first pondering of last year was that it just flew by too quickly. It seems to be an age thing, the older you get the faster the flight of time. It is sort of inextricably the opposite to the flexibility and nimbleness of the body. I'm not sure if anyone has done a study on this, but it makes me wonder whether in my looking to the future, I should plan to slow 2014 down by getting down to the gym and working out 4 hours a day. Mmm, alas I suspect I'm wittering (age-related no doubt) and should move on.

But what of 2013? It was a year of useful progress in much of Africa, and whilst things have started poorly in the Central African Republic and South Sudan, one hopes that the overall gains made in 2013 can be translated into further progress in 2014. What are the key additional ingredients that are needed?

Three F's: First and foremost finance: health service funding is still well below what is needed to deliver a half decent service. A revelation to me in 2013 was to visit one major international NGO and find that a key platform of its work was supporting the private health sector de-

velopment in its country. This would have been anathema a very few years ago. 'It's an experiment,' they commented, carefully avoiding saying it was because they had run out of patience listening to public sector rhetoric promising much but delivering little

Two P's: Professional palaver: we seem to be slipping back to the situation in the 1980s when strikes were the order of the day. Several health services were paralysed in 2013 by strikes from one profession or another, and the outlook for 2014 doesn't look very promising on this front. Significant work needs to be put in to try to unite the health 'TEAM' in its efforts at serving patients. Things are fragmenting.

One partridge in a pear tree! The avocado tree seems to have foliage that is too dense for the partridge to fly in and out of. Maybe we are trying to apply too many external solutions to the African environment? As the joke goes in mHealth there are too many pilot projects... and the pilots are crashing, the same can be said for health system strengthening and other aspects. We really do need more African solutions to African problems. This should be mainstream, not 'out of the box' thinking as it is often viewed as being.

All best for 2014.

Bryan Pearson
(bryan@fsg.co.uk)

