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The possible is impossible

We live in a soundbite era. Everyone is competing for attention, hoping that their cause, their idea, their concern can be elevated to the top of the agenda. In healthcare though, there is always one enduring common sub-theme: finance. There isn't enough money to go round, so he who makes the biggest noise tends to win. In healthcare it might be a contest between the super specialties for additional funding (or the least cuts), whilst in the international health arena with dwindling international funds, the competition is how to become the greatest priority in a sea of identified and documented priorities.

I'm beginning to sympathise with some of Africa's senior health ministry administrators. They are sinking under priorities, and the endless queues of priority report bearers queuing outside of their office. The sympathy is because almost always the proponents are right. Their case is immaculately made, perfectly presented. But there isn't the money to implement.

Just before Christmas I attended a 'double-header' priority meeting in Monrovia, Liberia. First came the release of the report of WHO's *Commission on Women's Health in Africa* (Chaired by Liberian President, Mrs Ellen Johnson-Sirleaf); followed (in the same ceremony) by the release of the *2013 World Malaria Report*. Both of course mapped out an immense set of problems and prioritised the solutions. Both made irrefutable cases for additional expenditure for their cause, and yet for both the funds to truly deliver what is needed, currently just do not exist.

I think we all doubt whether the political will exists to achieve the possible. On the one hand, most African governments have not lived up to the promise made in April 2001 in the African Union sponsored Abuja Declaration to commit 15% of their national budgets to healthcare; and on the other hand, the majority of donors are still significantly short of achieving the 0.7% of budget for development assistance that they signed up to at the Gleneagles Summit G8 Summit in 2004. This really reflects the fate of the MDGs. Without funds, huge progress has been impossible. Indeed in about a half of Africa, very little progress has been achieved towards the Abuja ideals. And as the 'Northern' economies still feel the reverberations of the banking crisis, one can only anticipate a further belt tightening process.

So whereto with the pile of priorities? How are you expected to make the difficult choices? Do you rely on what your colleagues are telling you, do you try to develop an index of the social determinants of health in your area/region; or what? Not easy, and maybe the only real way forward is to take tomes of priority reports and stack them up against the door of the Minister of Finance so that he or she is stuck within… until he or she meets the Abuja Declaration and allocates 15% of national expenditure to health.

Africa cannot and must not depend upon donor funds. Yes, more of the national cake needs to be directed to health (the benefits are clear) but this needs to be coupled to a greater sense of innovation and initiative to champion African solutions to problems which are much cheaper than imported solutions. Africa still invests far too little on primary care; on vaccination programmes; on prevention, on thinking through its health workforce needs. And women… back to the opening priority of this piece… have been shown to be the real drivers of behavioural and societal change, and yet they still lack the recognition and status to move the agenda forward.

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