'Inclusive Africa' is the way forward

Africa's future policy direction is best driven from within or via informed collaboratives initiatives, says Francis Omaswa

Last week I participated at 58th Health Ministers Conference (HMC) for East, Central, and Southern Africa (ECSA) held at Arusha, Tanzania and bringing together Health Ministers and Senior Executives from 11 countries. Also present were high-level representatives from the African Union Commission, World Health Organization Afro, the West African Health Organization, UNAIDS and development partners, among which USAID was prominent as I will explain later. By invitation, ACHEST conducted a 1-day pre-conference workshop on 'Stewardship, Governance and Leadership of Health Systems' for Permanent Secretaries and HIV Directors from these countries and presented the outcome to the Ministers, which was very well received. There were other pre-conference workshops on the 'World Bank funded Strengthening of Laboratory Services' and on 'Health Professionals Education through Professional Colleges'. The HMC witnessed the formal launch of the new College of Health Sciences for the ECSA Region which now consolidates under one umbrella institution four existing colleges of nursing, surgery, anesthesiology, and pathology. Others are set to join in the near future namely ophthalmology and internal medicine. I left this HMC feeling very good. Why?

The atmosphere and the outcomes of the HMC illustrated that Africa was moving in the right direction. Capacity and synergies of local institutions were being strengthened, the HMC embraced the relevance and importance of building stewardship and leadership capacities of the Ministers themselves as individuals and of their ministries to support them. The Ministers received copies of a draft *Handbook for Health Ministers*, co-edited by Francis Omaswa and Jo Ivey Boufford. They agreed to contribute comments before the handbook is finalised so that it is more contextualised and owned by them. I would like to use my take from this HMC to highlight how we can together use existing African institutions to better effect.

We start again from our usual guiding principles, namely that transformative and sustainable change is endogenous – brought about by the beneficiaries feeling the need and dropping their own sweat to deliver the change. Secondly that it is essential for all countries to grow a critical mass of individuals and institutions that work closely with their governments to deliver and sustain this change. Thirdly, that the sustainable capacities of the institutions and individuals is built from what is already available, but not dropped in from outside. Here are two illustrations of good and bad practice on how to walk this talk.

The sub Saharan African Medical Schools Study[1] was funded by the Bill and Melinda Gates Foundation through a grant to the George Washington University (GWU) to map medical schools in Africa. The donor required that GWU works with African partners. The study was overseen by an advisory committee of predominantly experienced African medical educators. The University of Pretoria as the partner institution administered questionnaires for the study. The study report was launched in Africa at Makerere University and the African capacity built among members of the Advisory Committee are now supporting the implementation of the Medical Education Partnership Initiative in Africa which has enhanced sustainability and ownership of the outcomes.

Another study titled *The Labor Markets for Health in Africa: A New Look at the Crisis* was funded by the government of Norway through a grant to the World Bank. The Acknowledgments section of the study report makes painful reading with a long list of non-African institutions that contributed to the work. The African Development Bank where the lead author works is the only African institution named. One African contributor to a chapter recollects being asked for a quick comment on an already written chapter and was not aware that their name got included as an author. The report content has factual and context issues. Just two examples: Chapter 3 under 'Performance' is an entirely negative sweep damning all African health workers. Are they not aware of the many heroic African health workers saving lives under the toughest conditions, and that some have been nominated for the Nobel Peace prize? There are many published positive commentaries on the performance of African health workers that deserved to be referenced under this section. Chapter 11 opens with 'Until recently the public sector was nearly the only healthcare supplier in sub-Saharan Africa.' Are they not aware of the preeminent long-serving faith-based providers and the rampant traditional health practitioners? Yet, 'The World Bank does not guarantee the accuracy of the data included in this work.' Who then takes responsibility for an outcome like this? These comments are made in good faith and on demand from in and outside Africa. I hope they will be taken as an opportunity for improvement by our colleagues from the responsible institutions who are already aware of these views.

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References
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2. *The Labor Markets for Health in Africa: A New Look at the Crisis*. Eds Soucat A, Scheffler R, Ghebreyesus TA. Washington DC: World Bank, 2013.