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A final word

And so, as you will have read on the previous page, I'm signing off from the editorial chair at *Africa Health*.

It doesn't feel like four years, never mind the 40 it actually is, since I started on the journal as a fresh-faced feature writer back in 1978. Over the years it has become not so much a job as more a way of life! The time has simply flown by. Truth be told, when joining, I had initially only intended to stay for 'about 18 months'. So much for being decisive!

And what a privilege it has been. I've travelled the length and breadth of the continent, met thousands of remarkable people, and been able to follow a seriously important subject line, in all its dimensions and infinite detail for a meaningfully long period of time. It hasn't always been uplifting of course as the story of healthcare in Africa has seen many a backward step over the years, and likewise sustaining the journal financially has never been straightforward, but the positive aspects have always hugely outshone the negative. That said, a sincere thanks to the big agencies such as DFID, JICA and the Global Fund for stepping in at crucial times. I've always had a maxim of 'if you don't enjoy something, don't do it', and I can tell you, staying in this job has never been in doubt since day one. Until now! And 40 years seems like a good number to bow out on, leaving time to pursue a few other projects and hobbies while one still has the strength, including a productive mango and pineapple farm in Ghana's Volta Region.

And how to sign out? I'd thought of going through some back issues and pulling together a collage of coverage, but the issue filled up with content so fast that there is no room for such nostalgia! So better I maybe proffer some simple thoughts on where I hope our health leaders will concentrate their energies in the coming years:

A true integration of primary care into the health pyramid. *Africa Health* was launched in the same month as the

Alma Ata conference, and progress has been disappointing. PHC doesn't work as a silo, it is the vital street level base of the pyramid that feeds out of AND into district level services. This link is not working effectively enough. There remains a hopeless disjoint between doctors and community health workers.

Africa's Human Resources for Health. It is absurd that we train doctors, nurses and lab scientists et al for the world! Millions of dollars can be brought back into Africa's training institutions if an equitable means can be resolved to ensure that destination countries properly pay African institutions for the training of their recruits. This is urgent.

Climate change and health. It's real. Africa's voice is still rather mute on the subject. We need to up the volume, especially while there are deniers in high office elsewhere.

Abuja Declaration. African civil society needs to embolden itself on the 15% of GDP issue that Africa's leaders signed up for. The human case is unimpeachable. The business case is crystal clear. Do it.

And finally... a word to Francis Omaswa and his team as they prepare to take over for the next 40 years and beyond: thank you for recognising the value of *Africa Health* to the information-starved health community; and I'm delighted that the title will now reside in Africa. Safe journey!

I'm going to be with you as we transition, but it is your baby to shape and reshape as you wish from hereon!

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