Framing the conference: Why are we here?

A summary of Francis Omaswa's statement

In my assessment, the single most important reason we are here can be seen in a graph. Figure 1, which shows under-5 mortality by region, tells us that we in Africa are the ones who are up there. So far away from the others. Why is that? Why are we so far behind others? A lot of improvement during the MDG period something to celebrate but still not something to be proud of.

Who cares?

I believe those of us who are here are the ones who care. In the Ugandan Participatory Poverty Assessment Survey of 2000, rural people were asked what happens when you fall sick and this is what they were saying: 'I remain like that just like an animal.' That still applies to poor people in our region. And they also say; 'What can you do?' A mother dies in labour they say, 'Her day has come.' A child dies of malaria, and 'God called the child.' But of course all that is not true. It is we, who are at those funerals, who could have stopped those deaths. We really have to work to see that gap between Africa and other regions of the world is narrowed.

If we care as we do, we should feel the pain, the shame and then move, and that is what we are doing here. That is what we have come to do here. And we have that commitment to make things change. We are all here.

In a study we conducted around 2010, ACHEST asked a question: what do ministers of health need to do their job better? What do ministries of health need to play their roles better? The answer involved a lot of others actors: the global, the regional, other ministries, and then other actors outside government – universities, advocacy groups, private sector, think tanks, professional associations among others. And if you have look around carefully, all of these are represented here. We have David Weakliam representing the Global Health Work Force Network. We have regional bodies here; we have got governments here. We have got CSOs. We are all here and we have got the legitimacy to be here.

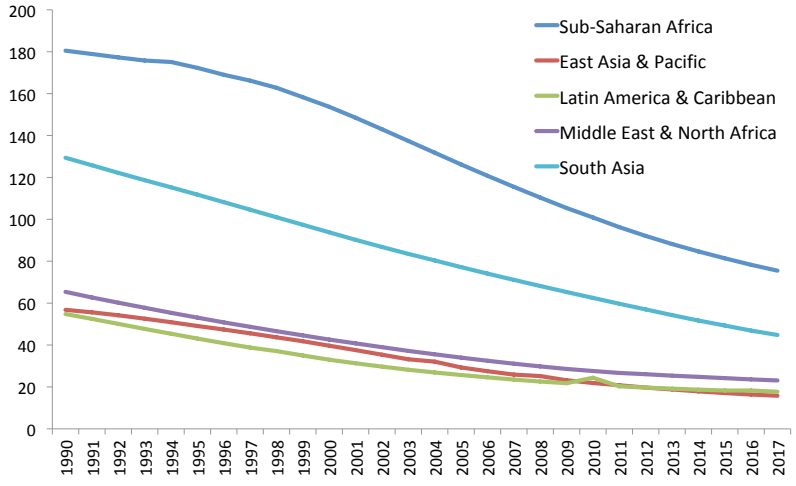
To achieve success, there are roles which only government can undertake, roles which government cannot delegate. But government alone is not sufficient and for us to succeed, we need the government, large segments of the population. We need to identify the problem together and share a common vision of what we need to achieve. That also is one of the reasons why we are here. To find out what it is that we need to advocate so that there is a common vision between our governments and the populations.

Universal Health Coverage

The way it has been presented to us, Universal Health Coverage is a problem. It is being presented as something new. Something very complicated. Something that you will achieve if you have health insurance schemes in the countries. Our leaders are worried. Some of the heads of state heard them say, 'This is expensive, we cannot afford it. Let us wait until our economies grow,' but that is the wrong message.

There are experts at renaming concepts in global health. The name Universal Health Coverage is about this. We had it, these people who went to Alma-Ata, 40 years ago? We examined this ten years later when we went to Ouagadougou. I was one of the speakers there. And then last year we went to Astana again and it is virtually impossible to improve the thinking of those people who were in Alma-Ata and what they said: there is inequality; and we

Figure 1: Mortality rate, under-5 (per 1,000 live births)



Source: World Development Indicators. Estimates Developed by the UN Inter-agency Group for Child Mortality

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the people have the right and the duty to participate one by one and together in planning our health care. The duty and the right. So no one will be asking us, who do you think you are? Why are you here, you must have retired so why don't you go and look after your goats and grandchildren? This is the answer. We cannot just watch things going wrong, when we can help.

Growing up in colonial Uganda, and then after independence, we already had UHC. You could go to any rural health facility and you would get treated. I was playing football with balls which you make yourselves from banana fibre, old clothes and so on, and I had a kick on the shin. It bled inside, under the skin. It got infected and they took me to one of those clinics. The man just covered my eyes and incised the abscess and I recovered fully. If I were in another place, maybe they would have done several tests, even an MRI, then a general anaesthetic and those other sort of things, but the treatment was very effective. We already had UHC at that time.

Now, I saw at the World Health Assembly in May how our ministers of health were spending a lot of time with pharma people who were saying that we have now got drugs for NCDs, they have equipment which they can sell. I have been told that in some countries, UHC is equal to having MRI, if you don't have any MRI in your hospital, we will not send you money while access to basic health care is not available for the general population. So who is going to call order? Who is going to draw attention to this? It is we, it is our job and we don't need anybody's permission to do that. It is our duty and our right.

But also there are things which sometimes even our government cannot say. WHO cannot say. I used to work with DG, WHO Margaret Chan when I was working for the Global Health Work Force Alliance. Very often she would say 'There are so many things that I want to say but I cannot say. Can you please say them for me?' That is what we are doing here. That is the mandate that we are able to say those things which other people are not able to say. I was really very disturbed by that because some of those people they come, you see them on TV with the head of state. And a deal has been cut to build a big hospital, a deal to supply the CT scans, but what about primary health care? Poor people in the rural areas have no access to basic medicines but we are buying MRIs, we are building big hospitals. A few of us are upper middle income, middle income and most of us are low income and it is possible to achieve good health at low cost. There are countries who have done that.

I told you about growing up under colonialism: independence came when I was in high school, when I was about to do my A levels and it was very hopeful indeed then things went bad. Here in Uganda we attribute it to Idi Amin, but what about other countries that didn't have Idi Amins? They are no better off than we are. There are reasons for that, let us not go into them now, but the net result was that we became beggars. We went to those Britton Wood institutions and they were good enough to say, 'ok we shall help you' but in so doing, they also forced us to implement many solutions which they have now come themselves to say were wrong. That caused us trouble and we lost our 'can do' attitude.

So how can we deal with that? Ownership. When Obama came to Ghana, he said 'The future of Africa is up to Africans', and that is ownership, accountability, excellence, partnerships. We techno professionals, people like you and me, where are we in all this? We know a lot, we are very smart, we have been to the best academic institutions, PhDs, I don't know how many, this and that. What are we doing to address the needs of our people? We need partners around the world and we need an Africa where only the best is acceptable, and that is why we are here.

What are we going to do?

We hope to have a frank and open discussion; relaxed also. The African Union is not here, they sent their apologies. They are not here because they have another meeting in about a weeks' time in Cairo on health. So they are busy preparing for that meeting but they have specifically asked us in writing to send to them the recommendations from here and probably, hopefully one of us will actually go there to make a presentation. The Regional Economic Communities are here already, the WHO, and the UN, CSOs we are all here I told you and above all we must conclude with an action plan. We were told in Astana that Alma Ata was not implemented because there was no implementation plan. So let us make an implementation plan for our recommendations before we leave here.

Lastly, we all have to be leaders and that is what this is saying. I virtually end all my talks with this: every one of us is a leader and we must be leaders from now and I hope that we are going to have a free relaxed, frank exchanges. We are few enough to be able to have meaningful conversations and then be able to go out from here and tell our people that UHC should not end as a market. Africa should not just end up as a market under SGDs and USC. Africa needs to get local solutions to enable every African in every village to access quality health care. And it is possible: we have got very smart people, very highly experienced people, and we can do it.