

Is Africa waiting to be saved?

In his keynote address, Khama Odera Rogo, a global authority on reproductive health issues, looks into Africa's history and mindset

Africa is a continent that is waiting to be saved by somebody. It does not matter how they arrive, and it does not matter what they leave with, as everybody who comes to Africa leaves with more than they bring, and this is our history. If today there was a ship bound for New York docked on the shores of Ghana labeled 'SLAVE SHIP GOING TO AMERICA', there would be a stampede of people falling over each other to get on board. This is unlike years back when people were forced onto ships and carried away against their will across the Atlantic Ocean.

I have all the degrees that anybody would desire to have but my country and my native village has not changed because I got those degrees. They are still waiting for somebody to come and save them. The mindset of Africa is that we are less rich. I don't believe that we are less rich.

The mindset is also that we have less know-how. A country like Uganda with renowned training institutions like Makerere University and the School of Public Health cannot be lacking in know-how. It is in our mindset that we are not organised and not focused. We jump on every initiative that comes our way. Even if it is the same thing you are doing, you abandon what you are doing and jump onto the new initiative. That is why Universal Health Coverage (UHC) looks like it is new even though 'Health for All' by the year 2000 carried the same message. We have this mindset of never wanting to own anything with a value system. Health is seen as a concern for the Ministry of Health. It is always about somebody else's, never ours, and when it is not working we are not there.

We also believe that everything is okay because we have more sickness than the rest of the world. Just a month ago a head of one of the most respected global institutions visited the Ebola-infested areas of the Democratic Republic of Congo (DRC) and was quoted as saying 'it was so bad, and yet normal for Africa'.

Maternal mortality in Africa is so bad but it is considered normal. When you move from 800 to 750 deaths per 100,000 live births you think you have done very well. The reality is that women are still dying, and yet it is considered normal. A woman gets to a facility at 6:00am but by 4:00pm she has not been attended to. It is so bad that a prescription will be given to a patient even when it is known that the medicine is out of stock.

The SDGs can be arranged in a cascade: at the top of it, things that are purely economic and if those things don't happen a lot of things that are on the social level

A professor in Obstetrics and Gynecology, Khama Odera Rogo is Lead Health Sector Specialist with the World Bank and Head of the World Bank Group's Health in Africa Initiative.



below won't happen. We don't know economics and we don't want to talk economics but unfortunately, historically, right now health is no longer discussed in a language that people were taught; rather it is discussed in the language of the economist. How do we work with the World Bank where the economist is regarded as the perfect person, and not a public health specialist? The health sector has been turned into a market, and issues of procurement have taken a centre stage. The Ministry of Health right now is preoccupied with procurement, whether it is procurement of infrastructure, medicine or of vehicles that is it.

Who amongst you believes that in the remaining eleven years we are going to achieve the SDGs? If we are lucky the only sure thing that will happen is more elections. So are we being realistic by saying UHC will be achieved by 2030?

Health and wealth

Africa is vast and endowed with plenty of natural resources. Unfortunately, if you took a map of Africa and you put dots where oil and gold are, those are the same areas where we have the worst health outcomes, except for South Africa. These are also areas infested with insecurity. So the problem of Africa is not a money issue as such, and it not necessarily about poverty because there is no part of the world where richness is just six feet below. The issue is directly related to ill health on the ground. It is on this continent where the change has to be made. Because how

can we have wealth that is not helping the people? The wealth is instead extracted and taken elsewhere. This is a governance issue and it is why we are here. Looking at another example, we have plenty of electricity, energy and other untapped potentials. When you look at a country like Spain or China which has made tremendous achievements in a few years and yet Africa as a continent has not achieved even half of what these countries have.

We are an ambitious continent. That is why about 60 years ago, every ruling party or freedom fighters' parties in Africa came into power with the promise of fighting poverty, ignorance and disease. So despite the fact that nearly 60 years ago we had people who believed that we could really do this, many years later we are nowhere close to this aspiration.

We are a young continent, but the elderly population is growing. We also have a huge youthful population that can be an asset when it is taken care of. Unfortunately, for most of Africa this asset has turned into a time bomb because we are not investing in it. This time bomb started detonating in the north with the Arab spring and now in Sudan. It is anyone's guess where next it will go. We seem helpless as we are unable to do anything about it.

In all our villages, we have high school dropouts who have nowhere to go. Similarly, we have doctors who have finished medical school training but have nowhere to go. Can you imagine, these doctors cannot even get internship placements! This is sad for a continent that keeps lamenting that we don't have enough human resources for health. Uganda for example produces 6,000 nurses a year but employs a small fraction of them, and the country is still building more nursing schools. We seem helpless in advising on planning in this regard, and when they leave for other countries such as the UK or South Africa we keep complaining. So, where do you want them to go? Some of the skilled nurses have resorted to owning stalls at market places to sell produce and cell phone airtime. So why are we training people for three or four years in nursing to sell airtime? This is the problem with the history and attitude that we have. There is no country right now in Africa that is seriously looking at the demographic dividend. The only thing the youth will do is to steal, seize the guns and indulge in anti-social activities.

Young and sick

We are a youthful country, we are a sickly continent, old and new diseases are now with us. In spite of the serious threat posed by Ebola, we still believe that we are good at detecting people who cross the borders with the disease! We also know that borders are porous and it is difficult to regulate the movement of people.

Climate change is another problem we are facing. The other day Mozambique was hit by floods. We are yet to see how many other places will be hit next. We are now meant to leapfrog into the fourth industrial revolution. Unfortunately, we are not organised as many are using rudimentary methods of farming and communication.

Historically, if you looked at the monies that have been brought into the health sector they do not match the results that we want. Human resource management is in absolute chaos because of lack of funding. The most important departments in ministries of health are those that are the best funded. So funding defines the priority,

it is not what the people need. So he who pays the piper calls the tune.

On standards of the nursing care, one of the mistakes that we have made is to copy and paste the western models. In East Africa for example we know that the clinical officer does most of the clinical work, but they are not factored in the global metrics of the health workforce. So why don't we come up with a contextualised metric that describes the needs of our people, rather than follow the global standard?

Training of nurses started with Enrolled Nurses under the colonial period in the 50s, and later Registered Nurse training was introduced using the same standards as used in Britain. In the post-colonial period from the 60s onwards we started training Enrolled Nurse midwives. Registered diploma nurses started to be trained in the last 40 years. With the coming of the HIV epidemic, we started Americanising nursing training and brought on board baccalaureate nursing. This is a minefield which has turned our nurses into a ready market for poaching by Western countries. The introduction of baccalaureate nursing is taking away two important skills: bedside skills and love and passion for rural areas. Without those two things you cannot start talking about UHC, quality of care and access to primary health care. This puts us in a dilemma as the direction nursing is taking and what we are preaching are different. If this is not sorted out, it does not matter how many doctors you train because I know one thing, there is no surgeon who will go into theatre and be able to come out with a patient alive if there is no nurse. And there is no hospital administrator that can talk about quality of care without nurses. Moreover, this is the only continent where nurses and doctors go on strike and the report that comes from technical people is that things are going on normally.

What do we do?

All our countries have strategies and plans for everything but the only plans that are followed are those backed by donor funds. Unfortunately, when the plans are funded by the Ministry of Health money, nobody looks for results. The issue is how to get all our resources focused on results for us and not for the donors. I dare say, and I am saying so more sadly that some of the areas that we are mentioning as success are areas that were heavily funded by donors. The areas that are left for us to fund are lagging behind. These include most of the issues around governance and management of human resources. This partly explains why the performance of human resource is not effective as it should be. That is why I think emphasis must be put on the 3Ms to strengthen stewardship, mobilisation of resources and consolidation of man power training.

My final shot: I just wish there was a young generation here with us, because over 40 years ago when I left the University of Nairobi and went to do my internship in Mombasa, I left with the passion and belief that I was going to make a difference. Right now the graduates who are coming out do not leave with any passion for anything because they don't know whether they are going for internship and if they finish internship, the first thing they ask is 'Do you know of any NGO that can employ me and take me elsewhere?' That mindset is not a mindset that bodes well for the future of our continent. Let us do it differently.