Special Consultation on Governance for Health in Africa

Lessons learnt since independence to inform the future

Convened by the African Platform on Human Resources for Health and Ashgovnet, 16–18 July 2019, Munyonyo Commonwealth Resort, Kampala, Uganda.

1. Background

1.1. A special consultation on Governance for Health in Africa; lessons learnt since independence to inform the future' was held from 16–18 July 2019 at Munyonyo Commonwealth Resort, Kampala, Uganda. It was convened by the African Center for Global Health and Social transformation (ACHEST) to respond to concerns that post-independence aspirations to rid Africa of poverty, disease and ignorance were largely not achieved and that the new opportunity presented by the SDGs may also be lost. It was noted that good progress was recorded in the early post-independence period and during the MDG era. However, concern, shame and pain were felt on the huge gap in health and other development indices that persist between Africa and other regions of the world for which urgent action is required. The key questions that guided the deliberations throughout the consultation were: What worked well? What did not work well? How can we do better?

1.2. The consultation, described as 'a thinking event', attracted a diverse group of over 70 experienced and insightful participants representing key stakeholders from global, regional and African countries drawn from government, professional associations, intergovernmental organisations, academia, the media and civil society and was held in an open, interactive and cordial atmosphere. Inspirational messages were received from the WHO Director General, Dr Tedros Adhanom Ghebreyesus, by video, the Ambassador of the Kingdom of the Netherlands, HE Henk Bakker and the support of the government of Uganda was demonstrated through the participation of HE the Vice President Hon Edward Kiwanuka Ssekandi, the Rt Hon Prime Minister, Dr Ruhakana Rugunda, the Director for Health Services representing the Hon Minister of Health, Dr Jane Ruth Aceng.

2. Issues discussed

The consultation interrogated the trajectory of African development in health over the post-independence period and noted that:

2.1. The African mindset is a key determinant of outcomes. The immediate pre- and post-independence era in Africa was hopeful, confident and ambitious and significant progress was registered in many countries including the establishment of the OAU. This was regrettably thwarted and reshaped by global governance practices that condoned anti-people leadership in Africa and power and economic imbalances that reduced African governments to beggar hood; shamefully codenamed as Highly Indebted Poor Countries (HIPCs). This situation promoted a mindset of dependency in African countries not only for money but also for vision, ideas and local solutions. This was fertile ground for minds that had been programmed by a history of slavery, colonialism and cultural invasion where African indigenous knowledge systems were demonised and sidelined which made Africans feel dependent and helpless. The African self-confidence and the can-do-attitude of the immediate post-independence period was accordingly eroded with imposition of inappropriate solutions to many African problems resulting in retarded development and instability.

2.2. The consultation took place during an era of a new hope underpinned by the following African and global movements. First, the OAU has transformed into the African Union which is pro-people, embraces civil society and has zero tolerance for illegitimate governments and is promoting an African renaissance with pride in African values to reset the mindset. The AU Commission works alongside regional Inter-governmental agencies that convene governments and non-state actors. Second, there is a global movement on social justice and equity that is rolling back impunity and promoting the rights of women and of all people. Third, the current disconnect between economic growth and people's wellbeing in African countries and globally is now challenged. Greed and wealth accumulation by a few is now recognised as a root cause of global unrest characterised by populism, terrorism, rising poverty and mass migration. As a result, new metrics apart from GDP for economic and human development are needed. Fourth, the SDGs as a global compact present an opportunity to Africa in the new era that we must grasp. SDGs are interdependent and call for a movement that promotes global thinking and local solutions as well as action. Strong societal values of equity, gender, political participation and community involvement are essential for success. To achieve SDGs, governments and the people must work together. Fifth, human progress is dependent on innovation and technological innovation. The world is now at the start of the 4th industrial revolution driven by artificial intelligence. Africa must not miss out on this revolution which is projected to have far-reaching impact on the quality of human life.

2.3. The meeting noted with concern that UHC is currently perceived by many African leaders as a new, expensive,

externally driven approach targeting the treatment of sick people through health insurance. This perception is largely promoted by supply side institutions with vested interests. The key message of SDG 3 to 'promote well-being' which enables healthy people to remain healthy is currently crowded out by supply side interests and the push for health insurance that commoditise UHC. As a result, UHC is perceived by some as an opportunity for creating new markets. Instead, UHC should be advocated and monitored in the original Alma Ata Primary Health Care principles that emphasise people participation, affordability, acceptability and sustainability using available resources at the various stages of economic development of societies. In this way countries and communities can be inspired to recommit and immediately mobilise themselves to take ownership and scale up their health programs taking full advantage of new knowledge, technology and available and additional resources driven by internally generated and sustained political will and social action.

2.4. There is a global Health Workforce (HWF) Crisis in which Africa is most affected. The crisis is characterised by global shortages, maldistribution and uneven working conditions. It has its roots in global demographic realities in which developed countries have ageing populations needing more care but lacking young people to provide it. Africa on the other hand is a young continent with potential to harvest the demographic dividend but lacks the resources to train and retain the HWF needed to respond to the double burden of infectious and non-communicable diseases. In this scenario, skilled African health workers are migrating to developed countries leaving behind unmet skill needs in home countries. There is also migration between developed countries that contributes as a pull factor to African HWF skills. Unfortunately, the meeting noted that the focus on the global HWF crisis is losing momentum at the global, regional and country level due to lack of leadership to implement existing internationally agreed solutions such as: a) the Kampala Declaration which underscored the need to strengthen leadership for HRH; b) WHO Global Code of Practice on International Recruitment of Health Personnel; c) the strong investment case made by the report of the High Level Commission on Health Employment and Economic Growth; d) the WHO Global Health Workforce Strategy 2030; and e) there is also an African Health Workforce Strategy that has not been fully implemented.

2.5. Concerns were expressed on declining professionalism and quality in practice, education and training compounded by lack of specialised Human Resource professionals with skills to plan and manage the workforce to meet their country's needs. Some of the positive attributes that were inherited from pre and post-independence health professionals of high calibre and good character are being lost. These trends collectively threaten to reverse the gains so far made across all health disciplines unless our Governments invest more in HWF development, including leadership, institutional capacity, retention and regulation.

2.6. There are non-state-actors in Africa with potential to drive transformation in the continent in partnership with their governments and populations. These include professional associations, academia, civil society organisations, faith-based organisations and the private sector. Presentations to the consultation illustrated significant contributions to service delivery, education and research by this group. Through professional integrity and social accountability by collective and individual members they can act as a bridge between people and governments. At the same time, highly educated and knowledgeable African technical experts and professionals were called out for not being visible enough in the face of the health and development challenges in Africa. Political interference was also cited as an obstacle resulting from the misperception from some governments that these actors are competing rather than

partnering with governments or have political motives. Accordingly, the African political class do not provide platforms for these educated and skilled Africans to apply their skills, preferring to consult and engage foreign experts instead of their own people. The net result is that unacceptable social, economic and political situations are allowed to exist and become 'normal' with no apparent anger and outrage from African experts and their populations.

2.7. There is a power and resources imbalance between Africa and developed countries resulting in dependency on aid and ideas. This leads to an asymmetry in negotiating power and unfair transactions and agreements in global trade and policy dialogue. Kabaka Mutesa 1, King of Buganda in Uganda, in a letter to Queen Victoria of England in 1875, requested she send individuals of 'good character' to teach new and wise ways to his people. This was a call for a non-exploitative relationship. However, the relationship has since been distorted to maximise the benefits of the donor countries reflected in negotiations from the General Agreement on Tariffs and Trade to the World Trade Organisation agreements that give undue advantage to developed countries. There is a need for Africa to strengthen South to South collaboration for a

stronger voice and for the developed countries in the spirit of enlightened self-interest to drive globalisation as a force for better health and wellbeing of humanity.

3. Recommendations

The Consultation made the following recommendations:

3.1. The AUC, RECs, professional associations, CSOs, academia, private sector in Africa should popularise and scale up the campaign to recapture and restore the spirit of the independence movement, self-confidence, ambition and a mindset that is required to generate and sustain political will and social action for transformation. Economic growth should be pursued and advocated as a vehicle to support equity in health outcomes and people's wellbeing in African countries and globally. Greed and wealth accumulation by a few should be rejected because they are now recognised as the root causes of global unrest characterised by populism, terrorism, rising poverty and migration. The development partners should support this in line with the spirit of the SDGs, the Paris Declaration on Aid Effectiveness and other such declarations.

3.2. The WHO, the UN Family and other actors should translate Universal Health Coverage in simplified operational language within the principles of Primary Health Care as articulated in the Alma Ata Declaration and reconfirmed at Astana. WHO should provide leadership to all actors to maintain the visibility of PHC principles and balance the current pre-eminence of commoditisation of UHC. All actors should promote and monitor UHC with indicators that emphasise people ownership through participation using available resources at the various stages of economic development of societies.

3.3 National governments, Non-state actors and communities should recommit to UHC and immediately mobilise themselves, take ownership and scale up their health programs taking full advantage of new knowledge, technology, gender, existing as well as additional resources driven by internally generated and sustained political will and social action.

3.4 The WHO, GHWN, AU, African governments, Professional Associations and Development partners should ensure that the HWF crisis remains high priority by taking the following actions:

3.4.1 Implement to scale existing key declarations listed in paragraph 2.4 on the global HWF crisis and mobilise the required resources as productive investments driving economic development and gender equity

3.4.2 WHO should strengthen the voice of African stakeholders in the GHWN by inviting the African Platform on Human Resources for Health to the Global Steering Committee.

3.4.3 AU and WHO/AFRO should convene African governments and stakeholders to update and implement, the African HWF strategy

3.4.4 African governments should build institutional capacity for effective HRH leadership and governance, and urgently strengthen governance and management of health workers through multi-sector engagement to ensure workforce planning, information systems, education, recruitment, motivation and retention to mitigate rising migration.

3.4.5 African governments should legalise and support professional colleges as health professional bodies for assuring quality of training, health services and ethical practice. Governments should prioritise use of local expertise in preference to foreign experts and employ trained health workers, especially nurses.

3.4.6 APHRH, AFREhealth, professional associations and colleges, regulatory agencies and RECs should convene and develop a strategy to address the quality of education and training, professionalism and ethics for UHC in collaboration with African governments, AU, RECs and WHO.

3.4.7 AU, WHO, health professional associations, academia and health research institutions in Africa should rethink Health Policy in the African context based on past experiences of health reforms, the current epidemiological, demographic and nutritional patterns, available health technologies, community perceptions and perspectives on health systems and traditional African medicine, as evidence for building on past achievements and respond to current as well as future challenges of the 21st Century.

3.5 African Professional Associations and other CSOs, through their members should be socially accountable in applying their knowledge and skills to pursue equity and social justice, demonstrating leadership for excellence and rejecting unethical, intolerable social, economic and political situations and not ignore and accept them as 'normal' without comment or outrage from African experts and their populations.

3.6. In order to address the power and resources imbalance between Africa and developed countries:

3.6.1 The AU and Member states should strengthen African Intra-continental and South to South collaboration for a stronger voice in global negotiations and relations.

3.6.2 The UN and developed countries should in the spirit of enlightened self-interest embrace globalisation as a force for better health and wellbeing for humanity.

3.6.3 African academia, research institutions and professionals should undertake studies to increase uptake and use of indigenous knowledge systems and to contextualise external knowledge in the face of global pressures.

Acknowledgement: Support received from the Government of Uganda, Government of the Netherlands, the World Health Organization and other Partners is acknowledged with gratitude and appreciation.

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