

David Sanders

Remembered by ACHEST CEO Francis Omaswa

David Sanders passed away on 30 August after a heart attack. He was a Professor and founding Director of the School of Public Health at the University of the Western Cape (UWC), South Africa. He was a specialist paediatrician with postgraduate qualifications in Public Health and had over 40 years' experience in health policy and programme development in Zimbabwe and South Africa. David was passionate about participatory socialist democracy as a way to improve health and reduce inequality and was a leader in the People's Health Movement.

He was a popular speaker and participants at many meetings round the world. One of the very last such meetings that he attended was the Special Consultation on Governance for Health in Africa convened by ACHEST 16-17 July 2019 in Kampala. At this meeting David participated actively and was his usual jovial, frank and down-to-earth self, sharing his views freely. We honour Professor Sanders by reproducing the following quotations from this consultation.

On Health Workforce Migration

'What is going to be done about migration? Nobody wants to talk about brain theft. African health ministers talked about brain drain, we have got two codes; the WHO code has been here for quite a long time with no change. Then we have the UK government campaign on scrap the code, do you know that? There was a campaign organised in the UK to scrap the code from visas for health professionals who enter Britain. Why can't northern governments pay back in terms of compensation or taxes paid for the health professionals who migrated in the north? I am also concerned of funds being directed to countries to produce more workers targeted for export. Is this a game or a plan?'

On HRH Managers

'At Cape Town School of Public Health, we had a grant from WHO. We have trained HR managers at PHD level: 9 from Uganda, 9 from Mozambique and 9 from Ethiopia. So they were awesome training programmes but the issue is not having money to employ people ... you may not have the fiscal space. We had a long argument this morning where health workers' employment [should not be called] not expenditure. ... As we know in our ministries of health at different levels often the person who is given the HR portfolio is a personnel manager and what they do is make sure the contracts are okay, leave forms are signed and so on and so forth. We are talking about something much bigger than that: we are talking about planning the health workforce and



ensuring that the management of the health workforce is done properly.'

On leadership for health

'I think there's some great recommendations from the group on leadership but the question is where will the resources come from? So many of our training institutions are starved of resources... There has been a mushrooming of private institutions, the quality of which is variable. So, the issue of resource mobilisation needs to definitely be in there.

'And then finally on the issue of inter-sectoral approach; your group talked a lot about it, and which we know it is very difficult. I think one of the problems is that undergraduate health sciences' training does not equip trainees with an understanding of the social component of health... It seems obvious but actually in most medical schools and nursing schools you won't have any substantive material on the role of the social determinants of health in health outcomes. How much do they contribute? What are they? What examples are there? Are there any known areas where social determinants are addressed? What kinds of structures are available?

'So, if you don't have that in the training, you haven't got the will within the health sector to engage with other sectors. And then of course you have the very ambitious goal, which I support, but is very ambitious, of other sectors being trained in what their role might be in health. But if health doesn't understand that, then we've got a problem.'

Fare thee well my friend Professor David Sanders.