

Rethinking African health systems

Francis Omaswa discusses the opportunity presented by the COVID-19 pandemic



Human history is characterised by transformations that follow major upheavals and challenges. Examples include the creation of the League of Nations in 1920 and the UN system in 1945 that followed World Wars I and II respectively. More recent is the establishment of the African Centers for Disease Control after the Ebola outbreak in West Africa in 2016. In Uganda, HIV led to the creation of the multisectoral Uganda Aids Commission; copied by other countries. The COVID-19 pandemic is a major global upheaval that must trigger major transformations globally and in individual countries. The frequency of pandemics may well increase and our preparedness and response is central to human survival. Louis Pasteur said “Gentlemen, it is the microbes who will have the last word”. So how do we delay this?

Each country and the world should take stock of the experience of COVID-19 and apply lessons learnt to future strategies. Globally, this is already happening; there is a WHO Panel studying COVID-19's origins, the UN General Assembly will convene to adopt a Pandemic Treaty, and in June 2021 the World Health Summit adopted the Kampala Declaration. A Scientific Advisory Group for the Origins of Novel Pathogens is being created by WHO for the One Health approach. What should African countries do?

African countries have learnt many lessons from COVID-19; among the most prominent are that disease outbreaks can bring a country to a standstill and that public health cannot be left to the market. Governments have a key role in ensuring that there are effective multisectoral systems in place for disease outbreak preparedness and response. Africa has also painfully learnt that capacity is lacking in the continent to manufacture essential technologies to control pandemics and that in this crisis, African countries are the last to access these essential technologies. Investing in health systems and the health economy must therefore become a top priority. The pathogen economy calls for the African disease burden to be reflected in African economies, instead of being a source of wealth for other countries as is the case now.

COVID-19 has helped to dispel the traditional belief among some economists that investing in health is a consumptive cost. The UN High Level Commission on Health Employment and Economic Growth, established in 2016, demonstrated that in some countries the health economy contributes up to 30% of GDP and that health employment is a source of jobs especially for women, who form 70% of the health workforce. It has been shown that return on investing for example in immunis-

ing children is a factor of 9. Finally, it is recognised that SDG3 on “Good health and wellbeing through the life course” is the ultimate purpose of all other SDGs; contributing to them as well as benefiting from all SDGs. Good health and wellbeing require dedicated action and cannot be expected or assumed to be a passive side-effect of other SDGs.

African countries must therefore prioritize the good health of their people as follows:

1. Open national dialogues to promote personal and individual roles and responsibility that enables people to remain healthy. Most people are born healthy and can remain so without losing their health provided they know how to listen to and obey their bodies. This should be taught in schools and through mass media and community health systems and there should be a health component in all government policies.
2. Establish strong community health systems led by the people themselves through representative village health committees and community health workers as the foundation of Integrated People Centered Primary Health Care (IPCPHC). This leaves no one behind and is the first line of defense against disease outbreaks. The village committee is connected to the rest of the health system, namely health centres and hospitals. A defined minimum package of health services should be agreed and provided free of charge to the population through general taxes. This services package can be expanded progressively as the economy grows.
3. Mobilise additional financing for services beyond the minimum services package through national and community health insurance schemes. Partnership with private service providers and better donor coordination are needed for implementation of one well governed national health plan.
4. Deliver effective health system governance led by accountable governments. This should focus on strict regulation and supervision of public and private service providers to assure acceptable quality of care, free from corruption and responsive to the voices of the people.
5. Finally, African Union and Regional Economic Communities, WHO, and international community should support the African pathogenic economy through public-private partnerships to ensure that Africa is self-sufficient in all technologies that address the its disease burden, including vaccines, diagnostics, therapeutics and human resources. Political will for this has been demonstrated in some countries however additional mobilisation is needed.

Francis Omaswa, CEO, African Centre for Global Health and Social Transformation and Publisher of Africa Health Journal.

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The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013, (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)

