

Kofi Annan Programme

Carol Natukunda reports on an initiative to inspire the next generation of public health leaders

The former United Nations Secretary General, the late Kofi Annan, was a man of visionary leadership. Among other achievements, he played a critical role in the creation of the Global Fund for HIV, tuberculosis and malaria, which has saved millions of lives, and transformed the approach to preventing and managing infectious diseases and the practice of public health globally.

Building on Annan's legacy, the Kofi Annan Public Health Leadership Programme was launched in May 2020 by the Africa Centres for Disease Control and Prevention (Africa CDC) and the Kofi Annan Foundation. It seeks to equip emerging and senior public health leaders with the skills required to initiate innovative, bold, visionary but implementable African-owned solutions to address disease threats and challenges in the 21st century. Through this programme, fellows will acquire advanced competencies in leadership, governance, health diplomacy, and management of public health initiatives.

Twenty inaugural fellows from 14 African Union member States have been selected to participate in the fellowship over the course of 12 months. During their first session, held virtually on 15 June, the fellows had the opportunity to learn from leading public health leaders at the African Center for Global Health and Social Transformation (ACHEST). Below is a summary of the key issues discussed.

Leadership and governance

It was noted that systems were working well in the colonial era and for 10-15 years in the post-independence period. Today, however, the continent lags behind all other regions of the world in development and health indicators such as child and maternal mortality. There is corruption and high unemployment rates. Unless Africans act upon this, it will be difficult to achieve progress. The Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC 2030) offer Africa the opportunity for emancipation. To close the implementation gap, strong stewardship, leadership and governance is essential to achieve population needs and other pressing health challenges such as the global shortage of health workforce.

Global Health diplomacy

In this globalised and interconnected world, countries should ideally rely on one another in order to protect and promote health. However, the construct of North-South members, rooted in colonial history, has structural inequalities. This gives high income countries privileges and prominence; funding opportunities, research grants, and generally a higher say in key decisions. This

leads to the assumption that only high-income countries have expertise to provide capacity to fill the gaps in poor countries. The distortions also lead to imbalances in global health, planning and implementation, research and publishing and negotiations of treaties. For example, Africa has very good Integrated Primary health Care Initiatives but it implements silo interventions that fragment its health systems leading to poor performance. In order to have proper input in future, it was noted that it is important to build capacity of south-south networks of leaders and public health alliances to help guide and support delegations invited for key negotiations on global issues in the North.

Intersectoral collaboration

The meeting acknowledged that fragmentation indeed fails progress. The 2017 study that was carried out by ACHEST in seven East and Southern African countries (Ethiopia, Kenya, Rwanda, Uganda, Tanzania, Zambia and Zimbabwe) examined how the SDGs Agenda is being implemented and the implications for health. The study found that the SDGs are interconnected, integrated and are best achieved through ISC. A follow-up assessment of ISC in Uganda in 2018/2019 found that implementation of government programmes was mostly in silos. People participation was weak, and health is perceived to be taken care of by someone else – mostly by donors. Sustainable health development cannot be driven by donors. It has to be inter-sectoral, “owned and driven by African populations themselves”.

Human resources for health

For a continent that relied on traditional medicine in the 20th century, it was noted that health professionals education (HPE) has changed exponentially in the last 30 years. There is remarkable increase in the number of Medical/Health Professions Education (HPE) schools; improvement in innovative curricular, research & publications, learning & teaching equipment, facilities (infrastructure), collaboration and partnerships and Africa-led projects. Medicine has also transitioned into the information age, despite the disruptions from the emerging health challenges such as COVID-19. However, bottlenecks remain in health worker retention, standards/accreditation, assessment and evaluation, static curriculum, and unstable political and economic environments which disrupt education. There is need to focus on compassionate care for patients as well as health workers, expanding education and training capacity, embracing new technologies and innovations as well as harnessing partnerships and leadership.