Achieving resilient global health security

Professor Tomori describes how Africa can build back better using cultural values to ensure individual health security that eventually leads to national and global health security

Global health security is built on the foundation of national health security, which in turn, is laid on the foundation of individual health security, as individuals make the nation, and the nations make the world. Therefore, a resilient global health security must be built on this foundation. We do remember of course that the WHO sees health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Therefore, in building back better health security, the state of health of the individual as defined by WHO (physical, mental, and social aspects) must be considered.

The slogan 'build back better' predates US President Joe Biden. It was in Sendai in 2015, that the Prime Minister of Japan, Shinzo ABE, stated: "Build Back Better' sounds like a new concept, but this is common sense to the Japanese people, coming from our historical experiences in recovering from disaster and preparing for the future, and it has become an important part of the CULTURE of Japan.'

It was at that same Sendai meeting that the Japanese delegation proposed building back better as a holistic concept which uses disaster as a trigger to create more resilient nations and societies than before, through the implementation of well-balanced disaster risk reduction measures, including physical restoration of infrastructure, revitalisation of livelihoods and economy/industry, and the restoration of local culture and environment.

When we discuss building back better in terms of disasters and pandemics, we often tend to forget that disasters and pandemics can seriously affect our environment and most especially our culture. No matter what plans we formulate to respond to pandemics and disasters, we will surely fail if we do not seriously address the role and the impact of the individual on the restoration of culture and environment. It will be like taking the 'public' out of public health.

In the efforts to prevent disease outbreaks, or respond to outbreaks and pandemics, the disease is a minor enemy. The opponent that is more formidable and perhaps more difficult to control is the individual person who is vulnerable to infection by the pathogens of diseases. What the individual does, and how he or she acts plays a major role in the spread of the disease, and whether we end with sporadic cases, an outbreak, or a pandemic. Consider the mobile telephone. On itself, the telephone is not mobile. It is the owner of

Oyewale Tomori is a Nigerian professor of virology, educational administrator, and former vice chancellor of Redeemer's University, oyewaletomori@gmail.com..

the telephone who makes it so. So also with a disease pathogen: the individual is the agent of mobility and spread of the pathogen

In many African countries, the state of underdevelopment rest on four pillars. These are

- 1. Lack of patriotism, the main destroyer of our nation
- 2. Self-interest, the burial ground of our national interest
- 3. Corruption, the executor of our orderly development
- 4. Shamelessness, the destruction of our national pride Over the last sixty or more years, since many African countries have been independent of colonial rule, these four 'diseases', all affecting our culture, have become the combined endemic destroyer of the foundation of our individual health security which has shaken the foundation of our national health security and in turn, determined our near national irrelevance as meaningful

contributors to global health security.

Let me use my country as an example. Anytime, Nigeria is on my mind I become deeply emotional. There is a fever in my body, as pain wracks my whole frame, needing to hold on to something to steady my stand. I have wept for this country on several occasions. Many may wonder why I feel so passionate about my country. I owe my country much more than I can ever pay back. I grew up between the 1950s and the early years after 1960 in what I refer to as Utopia Nigeria. It would be an insult to call my father polygamous; he was 'MUL-TIGAMOUS'. The number of his wives that I know, number in the tens. I came in as number thirty-nine, in order of birth of his children. We were being bred as hands for his farm. Then, we had good governance just before the colonial administration left. The government of the day introduced free primary education in my region. Primary education was not only free but also compulsory, giving my father the choice of sending me to school or going to prison. He took the simpler way out and sent me to school. From that singular act, began my journey of indebtedness to my country. After the free primary education in my village, close to Ilesha, Osun State of Nigeria, I took an entrance examination and got admitted on a partial scholarship to the Government College Ughelli, in Nigeria's current Delta State, about 400 km from my town. Nobody accompanied me to the examination hall or to the interview which followed my success at the examination. After my secondary education, which was on a partial scholarship, I moved to the Ahmadu Bello University in Zaria, in the northern part of Nigeria, some 700 km from my town in the opposite direction from Ughelli. At that time, university education was on a full federal government scholarship to

January 2022 Africa Health 23

Health security

read Veterinary Medicine. Every stage of my education was in Nigeria. The country was so safe at that time that going to the secondary school at a young age, from my town, was a two-day journey taken without any escort. Our parents handed us over to the driver of the transport company, with money for food on the journey. If there was any left-over change, the driver would hand it to our parents on his return journey through our town. I left the University in Zaria, at 12 noon on Wednesday 30 June 1971 and started work as a Research Fellow at the University of Ibadan at 8 am the following Monday.

I am what I am today, because Nigeria provided an enabling environment for me to thrive and excel. I give glory to GOD who gave us political leaders committed to good governance and thank the great citizens and parents of our nation who loved our country more than they loved themselves. But soon an outbreak occurred, which later became endemic. It came on us surreptitiously, killing our nation slowly. It was a disease that affected the three pillars of our nation, touching every stratum, damaging every fibre of our nation. The disease slew good governance, murdered societal sanctity, and eradicated individual integrity. The disease annihilated the good in our culture and elevated to prominence the ugly in our culture. The disease, of bad governance and misrule, was characterised by three major symptoms: greedy self-interest, blatant lack of patriotism, and unabashed shamelessness. Today, we lie to each other. The government lies to us, and we reciprocate with bigger lies, telling the government it is doing well, when we know it is not. We clap with the loudest ovation for a non-performing leader. We acclaim, in pretended joyous ecstasy, those we should condemn, even when we know they are not telling the truth. We pray that our kings and rulers live forever, and they say AMEN to our fake prayers, when we all know that we shall all die, and none of us will live forever. What I have described above for my country and generation is not strange to many other African countries. The similarities are all too familiar, with minor differences in the details.

During the covid-19 era, we wake up daily to see us treated with contempt, disdain, and disrespect by virtually every country outside of Africa. The results of our laboratory tests are accepted with a pinch of salt. Our vaccination certificates are classified as counterfeits. Many African countries, to function, must depend on supplies and donations of basic materials – like swabs, virus transport media, wooden spatula, etc. We often have to check foreign websites to know exactly the COVID-19 situation in our countries: how many cases detected, what covid virus variant is responsible, and the number of deaths recorded. Any surprise, we are treated with scorn and little or no respect. The sorest point about the COVID-19 pandemic, is our helplessness in getting vaccines for our population. So dependent are we on vaccine donations, that we cannot plan effectively as we do not know the number of vaccine doses we will get, when we will get them and what type of vaccines will be available for our populations. We are banned from travelling to mostly European countries, and placed on the red end of the Red, Amber, and Green travel 'passport'. In all these, we, in pretended

justification, describe the actions of the western countries as inequitable and perhaps racist. We descend into self-pity and clothe ourselves with the toga of poverty and underdevelopment. However, I think it is more of paying for years of condoning errors of commission and overlooking the errors of omission in our developmental programmes. Of course, some of the action of the western world do not support and indeed hamper efforts to ensure global health security. It is a huge surprise that the western countries do not see their action of starving Africa of much-needed vaccines as counterproductive.

The continuing waves of COVID-19 cases in many European countries, and the unending need for booster doses, despite high vaccine coverage, are related to the generation of variants of concern (Delta, Omicron) in parts of the world that are starved of vaccines with low vaccination coverage and where there is a high level of non-compliance with the non-pharmaceutical interventions. It is indeed a lucky break that the impact of COVID-19 pandemic in these vaccine-deprived parts of the world is not as severe as in the vaccine-saturated parts of the world.

However, if we are not to remain as beggar consumer nations, and if we must contribute meaningfully to improving global health security, we must reposition our countries to end disease pandemics and we must start building back better those aspects of our culture

- that revered honour
- that treasured integrity
- that prized probity
- that appreciated accountability
- that valued transparency
- that embraced honesty
- that practised fairness
- that ensured equity
- that dispensed justice fairly and
- that cherished patriotism.

The current generation of Africans is much smarter than my own, and if given one-tenth of the enabling opportunity and environment which good governance gave my generation, African nations will be contributing meaningfully to world development and not consumers of products of global development. African nations will be making positive contribution to a resilient global health security through sustainable national health security. We will be making progress towards reversing the current dependency status of many African countries.

The first epidemic we must address is the one adversely affecting our culture and decency as human beings. We must have nations where national interest buries self-interest. Now is the time to build the future of our response to the next epidemic, Otherwise, come the next epidemic, African countries will remain consumers of products of, and not contributors to human development. Time enough for African countries to appreciate that the world owes them nothing and that the desired positive change must come from within and be built on our self-esteem and self-respect. Africa must contribute the product of her investment in science research and innovation, and not her raw materials. To achieve this, we must build better on those aspects of our culture that value respect, self-esteem, and pride in our ability.

24 Africa Health January 2022