

Reclaiming the 'can do' attitude in the delivery of health services in Africa

Francis Omaswa laments that too many health professionals are too accepting of shortcomings in health systems around them



The last decade has shown a lot more promise for Africa's health as exemplified by a huge rise in global interest. More financial resources have been made available and the world is committed to pursuing a consensus to achieve the Millennium Development Goals (MDGs). Virtually all African countries have health sector plans; many use the more comprehensive sector-wide approaches. To support the implementation of these, there is a plethora of global initiatives such as GAVI, The Global Fund, UNAIDS, IHP+, AHA, to name a just few. Yet progress is painfully slow.

Why is progress slow? There are several reasons and in my view the most important of these is the low level of African ownership of the processes to determine and implement solutions to Africa's heavy disease burden. The causes of low levels of ownership are multi-factorial and a key one is that African leaders and populations are demoralised. Many political and technocratic leaders lost the confidence and the 'can do' attitude that was prevalent just before and after independence. At that time African economies were strong and donor dependence was negligible. Health professionals were well paid and health systems were well led and efficient. I had the privilege to work in such a system in Uganda. The cold war ushered in and contributed to the rise of bad governance in Africa. Military dictatorships, life presidencies, unprincipled global alliances and economic mismanagement brought many African countries to their knees as beggars. Beggars are not choosers. The new economic order dictated that Africans are told what to do and how by foreign technocrats and politicians who do not have the same depth of understanding of the African situation as the locals. As a result many wrong solutions have been imposed and the implementation of appropriate solutions is often interfered with by those who do not have sufficient understanding of the intricacies of the local situation. There is evidence to

show that it is the countries with strong and clear local leadership that are able to stay the course in implementing home-grown policies, and are also making the most progress towards achieving the MDGs. I know that there are donors who appreciate 'country leadership' genuinely but there also those who only pay lip service in supporting country leadership.

How can we institutionalise strong and sustainable country leadership? The answer lies in growing a critical mass of individuals and institutions in each and every country that are active change agents, who are in the regular habit of using good evidence to support policy development by their governments and at the same time are able to hold their governments to account. The answer also lies in growing the capacity of ministries of health to act as good stewards of health systems and to cultivate and institutionalise a culture of use of good evidence and accountability; making full use of all health resources in their countries, including professional associations, other civil society, media, academia, and research bodies. We have called these Health Partner Resource Institutions (HRPIs). These in turn should be networked at the regional level.

In order for the HRPIs to achieve their full potential at country and regional level, a medium needs to exist for sharing information, knowledge, and the evidence that is required to formulate, implement, and monitor the correct solutions and to regain the lost self confidence of African leaders and populations. Africa needs journals such as *Africa Health* that can provide a regular source of clinical and public health stimulation to help inculcate our health professionals with stronger ownership and the 'can do' attitude; it is my experience that over time members of the health workforce have allowed themselves to become too passive, too accepting of shortcomings in our health systems and services. This needs to change. We all need to stand up and reject poor standards, we all need to be innovators, we all need to be constantly seeking and finding solutions to shortcomings in the services we provide. Can we do it? As someone else recently said 'Yes we can!' and we must, for the sake of our people.

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