

## Africa Health subscription information

There is a three-tier price structure:

1. For African-based readers see below for details.
2. For UK and EU-based readers £73 (airmail postage included).
3. For readers in all other countries £103 or \$S173 (airmail postage included).

### Subscribe locally

Healthcare professionals within Africa can subscribe to *Africa Health* for just £40 per annum. Copies will be sent by airmail from the UK. Payment can either be made by transfer (Western Union is OK) to our UK office with payments made out to FSG Communications Ltd (and email advice to: penny@fsg.co.uk), OR you can pay the equivalent of £30 in local currency to the offices below. Please note, copies of the journal will be posted to you from the office you pay to.

- **Ghana** To: PMB Accra North, Accra, Ghana. Cheques payable to: Knowledge Innovations. Queries to: Mr Kwami Ahiabenu II on +233 244 319181. kwami@penplusbytes.net
- **Kenya** To: Africa Health, c/o Phillips Pharmaceuticals Ltd, Power Technics Complex, Mombasa Road, P O Box 46662-00100, Nairobi, Kenya. Email: ppl@phillipspharma.com. Cheques to: Phillips Pharmaceuticals Ltd
- **Nigeria** To: Africa Health, FSG Communications Ltd, PO Box 7247, Lagos, Nigeria. Queries to: Dr A P Balogun: +234 803 4040009. Cheques payable to: FSG Communications Ltd. Email: a.pbalogun@yahoo.ca
- **Tanzania** To: Africa Health, c.o APHFTA, 55/644 Lumumba Street P.O. Box 13234 Tel: +255 22 2184667/2184508. E-mail: ogillo@yahoo.com. Cheques payable to APHFTA.
- **Zimbabwe** To: Africa Health, c/o USK International Ltd, P O Box 4891, Harare, Zimbabwe. Email: usk@ecoweb.co.zw. Cheques to: USK International Ltd.

# One step forward, two steps back. The search for joined-up thinking

Donor support to Africa's health sector has increased significantly in recent years, and yet the effect on outcomes has not been as dramatic as might have been expected. Certainly the rate of exodus of key staff has been significantly reduced, but patient expectation has not risen as sharply as might have been expected, especially for those suffering from chronic disease and surprisingly (considering the level of funding afforded towards trying to achieve the Millennium Development Goals) to the maternal mortality figures which remain depressingly high in many areas.

Of course there are some significant exceptions where copious planning, diligent management, and good clinical skills have combined to produce some significant gains. But is it commensurate to financial inputs? Almost certainly not, and patients presenting at many leading tertiary institutions are still receiving severely sub-optimal care while some district hospitals still don't even have one doctor. The problem is not because staff don't care, but because there is a lack of joined-up-thinking between the different layers of bureaucracy responsible for coordinating the delivery of services. System failure is at the core and it is why health system strengthening is now belatedly being recognised as the number one priority.

Sierra Leone has come through years of debilitating war but when doctors went on strike last month over the introduction of free healthcare services at the point of delivery, various people (outside the country) asked what was happening as they didn't appreciate the 'cash and carry' modus of healthcare delivery in many countries. Eventually the doctors secured a significant pay increase... to replace the funds they were set to lose from patients which they had been pocketing to make up for their abysmal public salaries. So a wrong has been righted

in Sierra Leone, but in too many other areas the wrong remains. Interestingly free health services in parts of Zambia – including medicines against selected diseases – has had a dramatic effect in reducing the incidence of diseases such as malaria. And the added bonus has been that these initiatives are the single most-effective means of getting rid of the counterfeit drug market. No money... no fakes. Perfect. Nigeria take note!

And whilst on Nigeria, another indicator of the problems involved in getting the systems right. Professor Babatunde Osotimehin had been the Federal Minister of Health for 3 years. In that time he had instigated a root-and-branch appraisal of what was working and what was not, and in consultation with a huge range of stakeholders had formulated a Health Plan to take Nigeria forward. He rarely had access to the President... health was too far down the priority list, so funding was always going to be a problem but he was prepared to try to achieve the long-awaited uplift in health. But President Yar'Adua's ill health (in a Saudi hospital, not trusting a Nigerian one) and subsequent death means a new cabinet is to be formed. So now Osotimehin has gone, and another minister will soon be sworn in, who will have maybe 18 months before he or she will also leave office at the next election. Such short tenures are no way to achieve stability.

And finally: the AH website is up and running. Bookmark it: [www.africa-health.com](http://www.africa-health.com).

All best

Bryan Pearson

