

Africa in the global health arena

Francis Omaswa reflects on how difficult it is to get Africa's voice heard at international fora, if the participants fail to take their roles as seriously as they should.



This is the season for the Annual World Health Assembly (WHA) which will run from 13th - 24th May 2011 in Geneva, Switzerland. In order to save money and take advantage of the delegations going to the WHA, it is customary for other meetings to take place during the week before and much fewer after the WHA in Geneva or other European cities. There are also meetings that take place in Geneva along side the WHA which does not please the WHO bureaucracy as they encroach on the time of the delegates to WHA.

This year for example, the week preceding the WHA has the 24th Board meeting of the Global Fund to Fight TB, AIDS and Malaria, there is a nursing consultation in Bellagio, Italy; there is a surgeons meeting in London and I have been participating at the WHO Core Group on Guidelines for Transformational Education and Training of Health Professionals. These are just a few that I happen to know about. Africans also do schedule regular meetings of this type: the African Union and the East Central and Southern African Health Community have meetings each year in Geneva just before the WHA. During the WHA, the WHO African Region convenes daily early each morning to strategise for the daily debates during the WHA.

How does Africa fare in all this? The picture is mixed. There are country delegations who come to the meetings well prepared having gone through the agenda with stakeholders at home and having involved the WHO Country office in discussing the provisional agenda. These countries select delegates to the WHA based on the agenda and allocate roles to the delegates before they leave home. On the other hand, there are

also countries who take off for the meetings without having taken time to consider the various agenda items or reflected on how their respective countries are impacted by the issues and the positions that the countries should be taking in Geneva. These delegations read the background documents after arrival or even during the meetings and contribute minimally to the outcome of the WHA.

Preparation for the meetings is one thing but participation at the long and complex meetings is another matter. While some countries ensure that their delegations cover all key agenda items and hold regular debriefing meetings during the WHA, there are countries whose delegates are on holiday during the WHA and spend time resting in hotel rooms or being entertained by the various exhibitors. Fortunately Geneva is expensive and shopping is left only to a few rich delegates.

How could African participation be improved? The innovation by the WHO Afro to convene daily meetings has helped a lot in strengthening the performance of Africa in the deliberations of the WHA. The African delegations now distribute leadership tasks to member states on the specific agenda items. This contributed to having a number of key resolutions adopted on Human Resources for Health, the passage last year of the WHO Code on International Recruitment of Health Professionals, etc. What could improve African performance even more is to have some African think-tanks study the provisional agendas of all key international meetings and carry out critical analysis of how Africa is impacted by these various global meetings and circulate briefs to the delegates in good time before they leave home. Representatives of such think-tanks could be available at the meeting venues to support delegates during the meetings. Does any one have any more suggestions on how to improve African performance at the global health meetings?

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